

PRESELECTION GUIDE



TABLE OF CONTENTS

About this guide	
HuGO	
Types of Underwriting Requirements that may be required.	
Requirements for sum insured 1,000,000 and over	
Underwriting Decisions	
Before submitting an electronic sale	
mportant information to collect when applying	
ligibility	
able of Medical Conditions	
Anxiety	
Arterial fibrillation.	
Asthma	
Bariatric Surgery	
Barrett's Esophagus	
Bipolar Disorder	
Blood Cancer (Leukemia)	
Breast Cancer	
Cancer, Skin-Malignant Tumour Basal, Cell, Skin Squamous Cell	
Cholesterol	
Chronic Obstructive Pulmonary, Disease (COPD), Chronic Bronchitis	
Coronary Artery Disease (including bypass surgery and angioplasty)	
Diabetes Type 1 and 2	
Epilepsy	
Hepatitis A	
•	
Hepatitis B	
Hepatitis C	
High Blood Pressure	
Lung Cancer	
Major Depression	
Multiple Sclerosis	
Parkinson's Disease	
Prostate Cancer	
Pulmonary Embolism	
Rheumatoid Arthritis, Juvenile Arthritis	
Schizophrenia	
Sleep Apnea	
Thrombophlebitis	
Thyroid Cancer	
Transcient Ischemic Attack (ITA), Stroke	
Ulcerative Colitis, Crohn's Disease, Irritable Bowel Disease	
able of Non-Medical Conditions	
Alcohol Dependance, Alcoholism	
·	
Aviation Commercial Pilots	
Aviation Private Pilot	
Criminal History	
Driving	
Drug Usage	
Foreign Travel	
Motor Vehicle Racing	
Mountain Climbing and Rock Climbing	
Parachuting	
Scuba Diving.	
Height and Weight table	
Frequently asked questions (F.A.Q.)	

LIFE INSURANCE - PRESELECTION GUIDE

About this guide

The present preselection guide is to provide insurance representatives/brokers with a simplified overview of the more common medical conditions or non-medical impairments encountered in underwriting HuGO products.

This information is for informative purposes only and does not engage Humania Assurance Inc. in any contractual obligation.

HuGO

HuGO has an interactive application, it is important to know some medical and family history in order to allow HuGO to take an instand decision.

If too many informations are missing or if we received some informations by the MIB (Medical Information Bureau) the application will be referred to underwriting.

HuGO is a fully underwritten product. The electronic application contains a minimum number of questions that may vary depending on the information provided to make a guick decision and issue a policy right away.

The underwriting requirements are determined case-by-case basis by our underwriting team based on the information provided in the electronic application.

Types of Underwriting Requirements that may be required:

Teleinterview
Blood Profile
Urine Analysis
Vital Signs (Height/Weight and Blood Pressure)
APS (Attending Physician Statement)
ECG (Electrocardiogram)
Supplementary Questionnaires
MVR (Motor Vehicule Report)
Inspection Report
Financial Statements
Proof of Income

Requirements for sum insured 1,000,000 and over

	18 - 40	41 - 50	51 - 60	61 - 69
1,000,001 - 2,499,999	TI, BCP, MU, VS	TI, BCP, MU, VS	TI, BCP, MU, VS, APS, ECG	TI, BCP, MU, VS, APS, ECG
2,500,000 - 5,000,000	TI, BCP, MU, VS	TI, MU, VS, ECG	TI, BCP, MU, VS, APS, ECG	TI, BCP, MU, VS, APS, ECG

Abbreviations:

• BCP: Blood Chemistry Profile

• **MU**: Microscopic urinalysis

• **VS**: Vital Signs (Height/Weight, Blood Pressure and Pulse)

• **TI**: Teleinterview

• **APS**: Attending Physician Statement

• **ECG**: Electrocardiogram

Underwriting Decisions:

Accept - Standard

Accept - with permanent or temporary rating

Accept - with permanent or temporary exclusion

Postpone - no offer will be made now but possible future reconsideration

Decline - no offer will be made now or in the future

HuGO Critical Illness/Disability Riders are offered at the time of the electronic sale only and are approved only if HuGO Term Life is accepted standard with no rating or exclusions

Before submitting an electronic sale:

- Plan your meeting: HuGO is a full underwriting product. The number of questions may vary, depending on the information provided;
- **Authorization to release information:** Don't forget to obtain Medical Authorization (HuGo Term) in the event it is required to request an Attending Physician Statement as hospitals and clinics still require a paper authorization;
- **Residency status:** We do not insure to Non-Residents. For Permanent Residents who have been living less than 2 years in Canada, we can request additional requirements such as blood/urine profile or samples, vital signs and proof of residency.
- **Language:** Your client must understand spoken and written French or English. The application must be completed either in French or in English. No other language is accepted and the services of an interpreter are not permitted.

Important information that will be required when completeing the application:

- Family medical history;
- The attending physician that has the complete medical file and any other recently consulted specialist information along with the
 date of the last consultations;
- For any condition declared: Name of the condition, date of diagnosis, prescriptions or treatments and actual condition;
- Time lost from work, dates, reasons, duration;
- In force or pending insurance applications (more information could be requested).

Eligibility

- Your client is not eligible if one of the following situation applies:
 - ✓ Is your client under any current medical investigation?
 - ✓ Is your client's driver's licence suspended?
 - ✓ Has your client been convicted of driving under the influence in the last year?
 - ✓ Does your client have an ignition Interlock System or Breath Alcohol Ignition Interlock Device on their vehicle?
 - ✓ Is your client under any pending judgment or charges?
 - ✓ Has your client been convicted of any criminal offence within the past two years?
 - ✓ Is your client currently on probation?
- Drug usage: we do not insure individuals who are using the following non-prescription drugs:
 - ✓ Sedatives, tranquilizers (barbiturates such as phenobarb, seconal, Nembutal, benzodiazepines such as valium, librium, dalmane).
 - ✓ Opiates (heroin, morphine, opium, demerol, codeine, etc.).
 - ✓ Stimulants (amphetamines such as asbenzedrine, dexedrine, methedrine) Cocaine (coke, crack, etc.), Angel Dust, Ecstasy or other illicit drugs.

However, your client may be eligible for our Insurance without medical exam, simple, affordable, easy to apply at https://assem. humania.ca/en-CA/home

Table of medical conditions

Medical Conditions	Factors Influencing the Decision (Considerations)	Probable Requirements	Possible Underwriting Decisions for Life Insurance
Anxiety	Number of Episodes Date of Last Episode Time Lost from Work Medication and Treatments Any Hospitalizations Any Suicidal Ideation or Attempts.	Nervous Disorder Questionnaire Attending Physician Statement (APS)	Standard if no complications
Arterial fibrillation	Date of Diagnosis Type of Treatment Investigations Completed	Attending Physician Statement (APS)	If a single episode and normal Cardiac Investigation: Possible Standard Otherwise: + 50 % to Decline.
Asthma	Current Age Date of Diagnosis Severity Type of Medication or Treatment Tobacco Usage—Current and Past	Respiratory Disorder Questionnaire Attending Physician Statement (APS)	Non-Smokers: Mild Asthma: Between Standard to + 50 % Moderate Asthma: + 100 % Severe Asthma: Decline Smokers: Mild Asthma: Between + 50 % and + 100 % Moderate Asthma: + 200 Severe Asthma: Decline
Bariatric Surgery	Weight Prior to Surgery Date of Surgery Type of Surgery Complications due to Surgery Current Weight	Attending Physician Statement (APS)	6 months post surgery: Postpone 6 months to 1 year post-surgery: Decision is based on weight prior to the surgery, minus half the weight loss and no complications. Standard to Decline More than 1 year post-surgery: Decision based on current weight and no complications. Standard to Decline
Barrett's Esophagus	Severity Treatment	Attending Physician Statement (APS)	Between + 50% to Decline
Bipolar Disorder	Number of Episodes Date of Last Episode Time Lost from Work Medication and Treatments Any Hospitalizations Any Suicidal Ideation or Attempts	Nervous disorder Questionnaire Attending Physician Statement (APS)	Diagnosed within 12 months: Postpone Otherwise: + 50 % to + 100 %
Blood Cancer (Leukemia)	Current Age Date of Diagnosis Type and Stage Type of Treatment Date Treatment Completed Recurrences	Attending Physician Statement (APS)	Based on stage and date of last treatment: Rated to Decline.
Breast Cancer	Current Age Date of Diagnosis Type and Stage Type of Treatment Date Treatment Completed Recurrences	Attending Physician Statement (APS)	Carcinoma in situ: Postpone 1 Year. Afterwards, standard to + 50 %

Medical Conditions	Factors Influencing the Decision (Considerations)	Probable Requirements	Possible Underwriting Decisions for Life Insurance
Cancer: Skin—Malignant Tumour Basal Cell Skin Squamous Cell	Date of Diagnosis Type of Cancer-Tumour Type of Treatment Type and Stage Date of Last treatment Recurrences	Attending Physician Statement (APS)	Basal Cell Carcinoma: Possible Standard. Squamous Cell Carcinoma: Rated first 2 years, standard afterwards. Malignant Tumour: Based on Stage and date of last treatment, Rated to Decline.
Cholesterol	Current Age Date of Diagnosis Type of Medication Current Cholesterol Readings	Blood/Urine Profile and Vital Signs	Standard if well controlled and cholesterol readings within normal limits.
Chronic Obstructive Pulmonary Disease (COPD) Chronic Bronchitis	Date of Diagnosis Treatment Severity Tobacco Usage—Current and Past	Attending Physician Statement (APS)	MPOC Non-smoker: + 50 % to Decline MPOC Smoker: + 100 % to Decline
Coronary Artery Disease (including bypass surgery and angioplasty)	Current Age Date of Diagnosis Severity Current Symptoms Treatment and Medication Tobacco Usage—Current and Past	Attending Physician Statement (APS)	Ages 35 - 40: + 175 to Decline Ages 41 - 50: + 100 to + 225 Ages 51 - 60: + 50 to + 150 Ages 61 - 69: + 50 to + 100 Uninsurable: Onset of Coronary Artery Disease before age 35, Myocardial Infarction within the last 6 months: More than one CABG performed.
Diabetes Type 1 and 2	Current Age Date of Diagnosis Treatment and Medication Compliance with Treatment Tobacco Usage—Current and Past	Blood/Urine Profile and Vital Signs Attending Physician Statement (APS)	Type 1: Under Age 20 at time of Application: Decline Age 20 and over: + 125% to Decline Type 2: Between + 50% to Decline. If over age 60 and good control, possibly standard.
Epilepsy	Date of Diagnosis Type of Epilepsy Treatment and Medication Investigations Completed Number of Episodes Date of Last Episode	Attending Physician Statement (APS)	Depending on the type of Epilepsy: Standard to + 150%
Hepatitis A	Current Age Date of Diagnosis Type of Treatment Date Treatment Completed	Blood Profile Attending Physician Statement (APS)	Diagnosed within last 3 months: Postpone. Otherwise: Standard if no complications
Hepatitis B	Current Age Date of Dianosis Severity Type of Treatment Date Treatment Completed	Blood Profile Attending Physician Statement (APS)	Diagnosed or onset of symptoms within last 12 months:Postpone. Those with chronic hepatitis C who also have chronic hepatitis B: Decline Otherwise: Standard to Decline
Hepatitis C	Current Age Date of Dianosis Severity Type of Treatment Date Treatment Completed	Blood Profile Attending Physician Statement (APS)	Diagnosed or onset of symptoms within last 12 months: Postpone. Those with chronic hepatitis C who also have chronic hepatitis B: Decline Otherwise: +50% to Decline
High Blood Pressure	Current Age Date of Diagnosis Type of Medication Current Blood Pressure Readings	Blood/Urine Profile and Vital Signs	Standard if well controlled and blood pressure reading within normal limits.

Medical Conditions	Factors Influencing the Decision (Considerations)	Probable Requirements	Possible Underwriting Decisions for Life Insurance
Lung Cancer	Type and Stage Type of Treatment Type of		Stage 1: Postpone 5 years post- treatment. Afterwards: minimum rating \$20/Thousand for 4 years. Stage 2 and greater: Decline Continued Tobacco Use: Decline
Major Depression	Number of Episodes Date of Last Episode Time Lost from Work Medication and Treatments Any Hospitalizations Any Suicidal Ideation or Attempts.	Nervous Disorder Questionnaire Attending Physician Statement (APS)	Presently (and if currently on disability): Postpone Otherwise: + 50% to + 100%
Multiple Sclerosis	Current Age Date of Onset Severity Treatment Any Limitations of Activities	Attending Physician Statement (APS)	If in remission for at least 2 years: Between + 100% to Decline Otherwise: Decline
Parkinson's Disease	Age of Diagnosis Date of Diagnosis Severity Stability	Attending Physician Statement (APS)	Between + 75% to Decline
Prostate Cancer	Current Age Date of Diagnosis Type and Stage Type of Treatment Date Treatment Completed Recurrences	Attending Physician Statement (APS)	Possible + 50 % to Decline depending on Stage.
Pulmonary Embolism	Date of Diagnosis Number of Episodes Severity	Attending Physician Statement (APS)	Diagnosed within last 6 months: Postpone. Otherwise: Standard if no complications
Rheumatoid Arthritis Juvenile Arthritis	Current Age Date of Diagnosis Limitations in Activities Medication and Treatment	Attending Physician Statement (APS)	Depending on Severity: Between Standard and Decline
Schizophrenia	Number of Episodes Date of Last Episode Time Lost from Work Medication and Treatments Any Hospitalizations Any Suicidal Ideation or Attempts.	Nervous Disorder Questionnaire Attending Physician Statement (APS)	Date of initial diagnosis/episodes within 12 months: Postpone. Otherwise: + 75 % to + 200 % Recurrent episode (last episode within 12 months): Postpone. Otherwise: + 100 % to Decline.
Sleep Apnea	Current Age Date of Diagnosis Type—central, mixed or obstructive Treatment (CPAP or Surgery) Compliance with Treatment Date of last Sleep Study	Attending Physician Statement (APS)	Treated with a good response: depending on age and the severity: between standard to + 50%. Untreated: depending on the age and the severity: Between standard to + 150%. If no sleep study has been completed or is pending: Postpone. Central Sleep Apnea: Decline
Thrombophlebitis	Number of Episodes Date of Last Episode Medication and Treatments	Attending Physician Statement (APS)	Standard to + 50%

Medical Conditions	Factors Influencing the Decision (Considerations)	Probable Requirements	Possible Underwriting Decisions for Life Insurance
Thyroid Cancer	Current Age Date of Diagnosis Type and Stage Type of Treatment Date Treatment Completed Recurrences	Attending Physician Statement (APS)	Within 6 months of completion of treatment: Postpone. Otherwise: depending on Stage, Standard to Decline.
Transient Ischemic Attack (TIA) Stroke	Current Age Date of Diagnosis Number of Episodes Treatment Tobacco Usage—Current and Past	Attending Physician Statement (APS)	Transient Ischemic Attack (TIA): Date of diagnosis within 6 months: Postpone Otherwise: between + 50% and + 150% Stroke: Date of diagnosis within 6 months: Postpone. If current tobacco use or multiple strokes: Decline. Otherwise: Between + 50% to Decline
Ulcerative Colitis Crohn's Disease Irritable Bowel Disease	Current Age Date of Diagnosis Symptoms and Severity Treatment Surgery Number of episodes	Gastrointestinal Disorder Questionnaire Attending Physician Statement (APS)	Irritable Bowel Disease: Standard Ulcerative Colitis/Crohn's Disease: Diagnosed in last 6 months: Postpone. Otherwise: + 50 % to Decline depending on the severity.

Table of Non-Medical Conditions

Non-Medical Conditions	Factors Influencing the Decision (Considerations)	Probable Requirements	Possible Underwriting Decisions for Life Insurance
Alcohol Dependence Alcoholism	Current Age Current-Past Usage Treatment Relapse	Alcohol Usage Questionnaire Blood Profile	More than 7 Years since Abstinent: Standard Between 2 and 7 years since Abstinent: +50% to +150% Recent Abstinent (within 1 year): Postpone Current Consumption: Decline
Aviation: Commercial Pilots	Current Age Number of Hours Number of Years' Experience Type of Licence Type of Aircraft Where Flying (Destinations)	Aviation Questionnaire	If company based in Canada or United States: Standard: Otherwise: Flat Extra Rating \$2.50/ Thousand or Exclusion.
Aviation: Private Pilot	Current Age Number of Hours Number of Years' Experience Type of Licence Type of Aircraft Where Flying (Destinations)	Aviation Questionnaire	Student Pilots: Standard to Flat Extra Rating \$2.50/Thousand or Exclusion Other Type of Private Aviation: Flat Extra of \$2.50/Thousand to \$5.00/Thousand or Exclusion.
Criminal History	Date and Number of Criminal Activities Type of Sentence and (Date Completed)	Inspection Report may be Requested	Charges Pending or on probation: Decline Single Offence: Postpone until 2 years after probation completed Multiple Offences: Decline

Non-Medical Conditions	Factors Influencing the Decision (Considerations)	Probable Requirements	Possible Underwriting Decisions for Life Insurance
Driving	Infractions in the last 3 years DUI Suspensions	Motor Vehicle Report (MVR)	Depending on MVR status Possible standard to Decline A few minor infractions can be considered Standard If licence currently suspended due to DUI or Ignition Interlock system on vehicle: Decline
Drug Usage	Current Age Type Frequency Treatment Required	Drug Usage Questionnaire	Marijuana: Standard to decline, Non-Smoker rates Other Drugs: Current usage Decline
Foreign Travel	Destinations Duration Reason	Foreign Travel Questionnaire	North America or Western Europe:-Standard. Other destinations:- Standard to Decline or exclusion Travel for Humanitarian Reasons: Decline
Motor Vehicle Racing	Type of Racing Type of Vehicle	Racing Questionnaire	Standard to Exclusion or Flat Rating of \$2.50/Thousand to \$15.00/Thousand
Mountain Climbing and Rock Climbing	Type of Climbing Where Completed If Further Intention Altitude	Climbing Questionnaire	Indoor Climbing: Standard Trail Climbing, Trekking, Hiking: Standard Other (top rope, rock climbing, ice snow climbing): Flat Extra \$2.50 to exclusion or Decline
Parachuting	When and Where Completed If Further Intention		If no further intention: Standard Otherwise: minimum flat extra \$2.50/thousand or exclusion.
Scuba Diving	Certification Average Depth and Frequency Deepest Depth and Frequency, Location Any Medical Concerns	Scuba Diving Questionnaire	Snorkel/Vacation Resort: Standard Less than 100 Feet: Standard if no Cavern Diving, Cave Diving, Ice Diving, Night Diving. Uncertified or Diving Alone: Decline Others: Minimum Flat Extra \$2.50/ Thousand to Decline or Exclusion.

Height and Weight table

Standard

Feet	Meter	Pounds	Kilo
5,0	1,52	95 - 173	43 - 78
5,1	1,55	98 - 179	44 - 81
5,2	1,58	101 - 185	46 - 84
5,3	1,60	105 - 191	47 - 86
5,4	1,62	108 - 197	49 - 89
5,5	1,65	111 - 204	50 - 92
5,6	1,68	115 - 210	52 - 95
5,7	1,70	118 - 216	53 - 98
5,8	1,73	122 - 223	55 - 101
5,9	1,75	125 - 229	56 - 104
5,10	1,78	129 - 236	58 - 107
5,11	1,80	133 - 243	60 - 110
6,0	1,82	137 - 250	62 - 113
6,1	1,85	140 - 257	63 - 116
6,2	1,88	144 - 264	65 - 119
6,3	1,90	148 - 271	67 - 123
6,4	1,93	152 - 278	69 - 126
6,5	1,95	156 - 286	71 - 129
6,6	1,98	160 - 293	72 - 133
6,7	2,00	164 - 301	74 - 136

Decline

Feet	Meter	Pounds	Kilo
5,0	1,52	247	112
5,1	1,55	255	115
5,2	1,58	263	119
5,3	1,60	272	123
5,4	1,62	280	127
5,5	1,65	289	131
5,6	1,68	298	135
5,7	1,70	307	139
5,8	1,73	317	143
5,9	1,75	326	147
5,10	1,78	335	152
5,11	1,80	345	156
6,0	1,82	355	161
6,1	1,85	365	165
6,2	1,88	375	170
6,3	1,90	385	174
6,4	1,93	395	179
6,5	1,95	405	183
6,6	1,98	416	188
6,7	2,00	426	193

Frequently Asked Questions (F.A.Q.)

Q.: What is your smoker definition?

A.: A smoker is considered someone who used tobacco in the last 12 months, including chewing tobacco, electronic cigarettes or other smoking devices, nicotine substitutes or products such as nicotine patches or gum, been prescribed medication or followed a smoking cessation program or therapy.

Q.: Does Humania accept any HIV clients at this time?

A.: We do not accept HIV clients at this time.

Q.: Can a person who is currently pregnant be considered for life insurance?

A.: Yes - as long as there are no complications (including Gestational Diabetes) and no history of complications with previous pregnancies.

Q.: Can I submit a cover letter/e-mail?

A.: Yes if you feel the additional information may be helpful and pertinent to the underwriting including the policy member related.

Q.: Are we allowed to ask details regarding Genetic Testing?

A.: No, we are in accordance with the law, Bill S-201 adopted as of May 4, 2017, that prohibit and prevent genetic discrimination. Although clients are required to disclose medical tests completed in the last 5 years, this no longer applies to genetic test results. If clients inadvertently tell you about their genetic test results, please tell them about the new law and our inability to take genetic testing results into consideration as we assess insurance applications.

Q.: Do you insure individuals with a criminal record or past criminal activity?

A.: We do not consider individuals who currently have pending charges, on probation and who have one or more offence.

Q.: Do you have a guideline regarding foreign travel?

A.: People who frequently travel to risk zones are generally not insurable. No guidelines regarding foreign travel is currently available due to frequent geopolitics changes.





1555, Girouard West Street, Saint-Hyacinthe (Quebec) J2S 2Z6 Toll free: 1-877-554-7181 • www.humania.ca

Humania Assurance is one of the oldest insurance companies in Quebec. It provides insurance coverage to over 200,000 clients and delivers exceptional customer service to meet the needs of its clients. Humania Assurance, putting you first!

This document is provided for information purposes only. Please read all the details contained in the text of the policy. In the event of any disagreement between the policy and this document, the policy will prevail.