



# INCOME INSURANCE

PRESELECTION GUIDE



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ASSURANCE<sup>MD</sup>

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# INCOME 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 this product.

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

## Types of Underwriting Requirements that may be required:

Tele-interview

Blood Profile

Urine Analysis HIV

Vital Signs (Height/Weight and Blood Pressure)

APS (Attending Physician Statement)

ECG (Electrocardiogram)

Supplementary Questionnaires

MVR (Motor Vehicle Report)

Inspection Report

Financial Statements

Proof of Income

## 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

## Before submitting the application:

- **Residency status :** Only Canadian Citizens and Permanent Residents or Temporary Residents since 3 years or more (excluding the following status : visitor, tourist, asylum seeker, diplomat, ambassador or personal ambassador) are admissible.
- **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.

## Eligibility

- Your client is not eligible for sickness disability 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?
  - ✓ Has your client been in disability for nervous disorder in the last two years?

- 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, fentanyl, 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 Disability 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 90 days waiting period Benefit period limited to 5 years Possible exclusion
Atrial fibrillation	Date of Diagnosis Type of Treatment Investigations Completed	Attending Physician Statement (APS)	<b>If a single episode and normal Cardiac Investigation:</b> Possible Standard <b>Otherwise:</b> + 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)	<b>Non-Smokers:</b> Mild Asthma: Between Standard to + 25 % Moderate Asthma: + 25 % to + 50 % Severe Asthma: Decline <b>Smokers:</b> Additional extra premium of + 25 % Limited benefit period Possible exclusion
Bariatric Surgery	Weight Prior to Surgery Date of Surgery Type of Surgery Complications due to Surgery Current Weight	Attending Physician Statement (APS)	<b>12 months post surgery:</b> Postpone <b>Over 12 months after surgery :</b> Decision is based on height and weight and no complications
Barrett's Esophagus	Severity Treatment	Attending Physician Statement (APS)	Between + 50 % to Decline Possible exclusion
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)	<b>Diagnosed within 12 months:</b> Postpone <b>Otherwise:</b> + 50 % to + 100 % Waiting period 90 days Benefit period limited to 5 years, nervous disorder exclusion
Blood Cancer (Leukemia)			Decline
Breast Cancer	Current Age Date of Diagnosis Type and Stage Type of Treatment Date Treatment Completed Recurrences	Attending Physician Statement (APS)	<b>Carcinoma in situ:</b> Postpone 1 Year. Afterwards based on stage : + 25 %, benefit period limited to 5 years and exclusion, to decline

Medical Conditions	Factors Influencing the Decision (Considerations)	Probable Requirements	Possible Underwriting Decisions for Disability 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)	<b>Basal Cell Carcinoma:</b> 0-1 year of diagnosis exclusion, standard afterwards <b>Squamous Cell Carcinoma:</b> 0-1 year of diagnosis exclusion, standard afterwards <b>Malignant Tumour:</b> 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)	<b>Non-smoker:</b> + 50 % to Decline <b>Smoker:</b> + 100 % to Decline
Coronary Artery Disease Bypass surgery Angioplasty Heart attack	Current Age Date of Diagnosis Severity Current Symptoms Treatment and Medication Tobacco Usage—Current and Past	Attending Physician Statement (APS)	<b>Ages 35 – 40:</b> + 175 % to Decline <b>Ages 41 – 50:</b> + 100 % to + 225 % <b>Ages 51 – 60:</b> + 50 % to + 150 % <b>Ages 61 – 69:</b> + 50 % to + 100 % <b>Uninsurable:</b> 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)	<b>Type 1:</b> Under Age 20 at time of Application: Decline Age 20 and over: + 125 % to Decline <b>Type 2:</b> 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)	<b>Depending on the type of Epilepsy:</b> Standard to + 150%
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 readings within normal limits.
Lung Cancer			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)	<b>Presently (and if currently on disability):</b> Postpone <b>Otherwise:</b> + 50 % to + 100 % Waiting period 90 days Duration 5 years, Nervous disorder exclusion
Multiple Sclerosis			Decline
Parkinson's Disease			Decline

Medical Conditions	Factors Influencing the Decision (Considerations)	Probable Requirements	Possible Underwriting Decisions for Disability Insurance
Prostate Cancer	Current Age Date of Diagnosis Type and Stage Type of Treatment Date Treatment Completed Recurrences	Attending Physician Statement (APS)	Based on stage and the date of the last treatment : 0-3 years decline, afterwards' + 50 %, to exclusion or decline
Pulmonary Embolism	Date of Diagnosis Number of Episodes Severity	Attending Physician Statement (APS)	<b>Diagnosed within last 6 months:</b> Postpone. <b>Otherwise:</b> Standard if no complications
Rheumatoid Arthritis Juvenile Arthritis	Current Age Date of Diagnosis Limitations in Activities Medication and Treatment	Attending Physician Statement (APS)	Minimum waiting period 90 days, + 25 % with exclusion Maximum benefit 5 years to decline Based on stage : Postpone the first 2 to 5 years
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)	<b>Date of initial diagnosis/episodes within 10 years:</b> Decline <b>Otherwise:</b> + 100 % waiting period 90 days, maximum benefit 5 years, exclusion 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)	<b>Treated with a good response:</b> depending on age and the severity: between standard to + 50 %. <b>Untreated:</b> depending on the age and the severity: Between + 50 % to decline. <b>If no sleep study has been completed or is pending:</b> Postpone. <b>Central Sleep Apnea:</b> Decline
Thrombophlebitis	Number of Episodes Date of Last Episode Medication and Treatments	Attending Physician Statement (APS)	Standard to + 50 %
Thyroid Cancer	Current Age Date of Diagnosis Type and Stage Type of Treatment Date Treatment Completed Recurrences	Attending Physician Statement (APS)	<b>Within 6 months of completion of treatment:</b> Postpone. <b>Otherwise:</b> depending on Stage and the date of last treatment, Standard to Decline.

Medical Conditions	Factors Influencing the Decision (Considerations)	Probable Requirements	Possible Underwriting Decisions for Disability Insurance
Transient Ischemic Attack (TIA) Stroke	Current Age Date of Diagnosis Number of Episodes Treatment Tobacco Usage—Current and Past	Attending Physician Statement (APS)	<b>Transient Ischemic Attack (TIA)</b> Date of diagnosis: - 0 to 2 years: Decline - 2 to 5 years: Minimum waiting period 90 days, + 50% to + 100%, maximum benefit period 5 years - More than 5 years: Minimum waiting period of 30 days, possible + 50% to + 125%, maximum benefit period 5 years <b>Stroke:</b> Date of diagnosis: - 0 to 5 years: Decline - 5 to 10 years: Minimum waiting period 90 days + 50% to + 150%, benefit period 2 years - 10 years or more: + 50% to + 100%, benefit period 2 years <b>For TIA or Stroke:</b> If more than one episode or sequel: 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)	<b>Irritable Bowel Disease:</b> Standard <b>Ulcerative Colitis/Crohn's Disease:</b> Diagnosed in last 6 months: Postpone. <b>Otherwise:</b> + 50% to Decline depending on the severity. Exclusion possible

### Table of Non-Medical Conditions

Non-Medical Conditions	Factors Influencing the Decision (Considerations)	Probable Requirements	Possible Underwriting Decisions for Disability Insurance
Alcohol Dependence Alcoholism	Current Age Current-Past Usage Treatment Relapse	Alcohol Usage Questionnaire Blood Profile	<b>More than 7 Years since Abstinent:</b> Standard <b>Between 2 and 7 years since Abstinent:</b> + 50% to + 100% <b>Current Consumption:</b> Decline
Aviation: Commercial Pilots	Current Age Number of Hours Number of Years' Experience Type of Licence Type of Aircraft Where Flying (Destinations)	Aviation Questionnaire	<b>If company based in Canada or United States:</b> Standard: <b>Otherwise:</b> Exclusion.
Aviation: Private Pilot	Current Age Number of Hours Number of Years' Experience Type of Licence Type of Aircraft Where Flying (Destinations)	Aviation Questionnaire	<b>Student Pilots:</b> Standard to Exclusion <b>Other Type of Private Aviation:</b> Exclusion.

Non-Medical Conditions	Factors Influencing the Decision (Considerations)	Probable Requirements	Possible Underwriting Decisions for Disability Insurance
Criminal History	Date and Number of Criminal Activities Type of Sentence and (Date Completed)	Inspection Report may be Requested	<b>Charges Pending or on probation:</b> Decline <b>Single Offense:</b> Postpone until 2 years after probation completed <b>Multiple Offenses:</b> Decline
Driving	Infractions in the last 3 years DUI Suspensions	Motor Vehicle Report (MVR)	<b>Depending on MVR status</b> Possible standard to Decline <b>A few minor infractions</b> can be considered Standard <b>If licence currently suspended due to DUI or Ignition Interlock system on vehicle:</b> Decline
Drug Usage	Current Age Type Frequency Treatment Required	Drug Usage Questionnaire Urine Analysis	<b>Marijuana:</b> Standard to decline, Non-Smoker rates <b>Other Drugs:</b> Current usage Decline
Foreign Travel	Destinations Duration Reason	Foreign Travel Questionnaire	<b>North America or Western Europe:-</b> Standard. <b>Other destinations:-</b> Standard to decline or exclusion <b>Travel for Humanitarian Reasons:</b> Decline
Motor Vehicle Racing	Type of Racing Type of Vehicle	Racing Questionnaire	Exclusion
Mountain Climbing and Rock Climbing	Type of Climbing Where Completed If Further Intention Altitude	Climbing Questionnaire	<b>Indoor Climbing:</b> Standard <b>Trail Climbing, Trekking, Hiking:</b> Standard <b>Other (top rope, rock climbing, ice snow climbing):</b> Exclusion
Parachuting	When and Where Completed If Further Intention	Parachuting Questionnaire	<b>If no further intention:</b> Standard <b>Otherwise:</b> Exclusion
Scuba Diving	Certification Average Depth and Frequency Deepest Depth and Frequency, Location Any Medical Concerns	Scuba Diving Questionnaire	<b>Snorkeling:</b> Standard <b>Less than 100 Feet:</b> Standard if no Cavern Diving, Cave Diving, Ice Diving, Night Diving. <b>Uncertified or Diving Alone:</b> Decline <b>Others:</b> Exclusion



## Height and Weight table (For information only)

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

Deline

Feet	Meter	Pounds	Kilo
5.0	1.52	221	100
5.1	1.55	228	104
5.2	1.58	236	107
5.3	1.60	244	111
5.4	1.62	251	114
5.5	1.65	259	118
5.6	1.68	267	121
5.7	1.70	275	125
5.8	1.73	284	129
5.9	1.75	292	133
5.10	1.78	301	137
5.11	1.80	309	140
6.0	1.82	318	144
6.1	1.85	327	148
6.2	1.88	336	153
6.3	1.90	345	157
6.4	1.93	354	161
6.5	1.95	364	165
6.6	1.98	373	169
6.7	2.00	383	174

## Table of Underwriting requirements PAIRE-PAIE

### Disability insurance in case of accident or sickness

Age	\$0 to \$3 000	\$3 001 to \$4 000	\$4 001 to \$5 000	\$5 001 and over
18 to 49 years	Tele-interview	Tele-interview Urine-HIV	Tele-interview Urine-HIV Vital signs Blood profile	Tele-interview Urine-HIV Vital signs Blood profile Inspection report
50 years	Tele-interview	Tele-interview Urine-HIV Vital signs	Tele-interview Urine-HIV Vital signs Blood profile	Tele-interview Urine-HIV Vital signs Blood profile Inspection report
51 to 64 years	Tele-interview	Tele-interview Urine-HIV Vital signs	Tele-interview Urine-HIV Vital signs Blood profile	Tele-interview Urine-HIV Vital signs Blood profile Inspection report Attending Physician Statement

\*\* For the purpose of determining the underwriting requirements, the monthly benefit includes:

- 100 % of the total disability benefit;
- 100 % of all disability insurance issued in the previous 12 months with all companies and that will not be replaced;
- 50 % of the guaranteed insurability benefit;
- 50 % of the business overhead expense benefit if applied for.

The Insurer reserves the right to request any requirement deemed necessary by the underwriting department regardless of age, amount or product.

## Frequently Asked Questions (F.A.Q.)

### Q. : What is the maximum amount of eligible salary insurance?

A. : A monthly benefit of \$10,000 including all other individual disability insurance contract(s) in force or under review, excluding all credit insurance policies with a banking institution.

### Q. : What is your smoker definition?

A. : A non-smoker is a person who has not used tobacco, in any form whatsoever, including nicotine substitutes, nicotine products, electronic cigarettes or in a vape in the last 12 months prior to this application for insurance.

### Q. : I use a vape to consume Marijuana, am I considered a smoker?

A. : No, provided there is no tobacco added to the vape.

### Q. : Can a person who is currently pregnant be considered?

A. : Yes in the case of accident. In the case of illness or sickness, the first 6 months of the pregnancy are insurable with an exclusion if no other pregnancy complications. After the first 6 months, the file is postpone until they have returned to work. As long as there are no complications (including Gestational Diabetes) and no history of complications with previous pregnancies.

### Q. : Do you insure clients currently on maternity leave?

A. : Yes, accidental only.

### 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. : Yes, accidental only.

### 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.

### Q. : Is a client who has declared bankruptcy or filed a consumer proposal insurable?

A. : If the client has declared bankruptcy, we can consider an application for insurance once they have been discharged from the bankruptcy. As per a consumer proposal, we can consider once all the debts will have all been settled.

## **INSURABLE OCCUPATION DESCRIPTIONS**

Professionals and senior managers of companies, white-collar workers who perform only office work or who only have administrative or clerical functions.

White collar workers who do clerical work, managers, supervisors and inspectors who do not participate in the work. Representatives who do not do delivery.

Professional workers performing the duties or the work of a specialized worker. Clerks and other workers with duties that are limited to sales, supervision and service related.

Manual workers whose tasks are more physically demanding and whose working conditions are favorable. The work must not involve any danger such as chemicals or explosives.

Manual workers required to provide significant physical effort. The work must not involve any danger such as chemicals or explosives.

All other occupations are not classified in the categories listed above. Workers requiring significant physical work or involving a high risk of accidents.



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