



Sample Jenie[™]

QUESTIONNAIRE

1. Have you ever been convicted of a criminal offence or do you have any criminal charges pending (excluding offences associated with driving under the influence [DUI])?
Not eligible - If charges pending or multiple criminal offenses in the past.
2. What is your current status in Canada?
RC5 - If Super visa, Refugees or newly arrived (within 6 month).
3. Have you used any products containing nicotine such as cigarettes, pipe, chewing tobacco, electronic cigarettes (vaping), nicotine patch, Nicorette chewing gum, snuff, betel nuts, shisha/hookah, cigars or other tobacco substitute or products in the past twelve (12) months?
If yes - Smoker Rates Apply.
4. Within the past twelve (12) months have you used any marijuana/cannabis?
Non-Smoker and Rating Classification will depend on quantity used and reason for usage.
5. What is your height? **Please refer to Height and Weight Table in SLI Underwriting Guide.**
6. What is your weight? **Please refer to Height and Weight Table in SLI Underwriting Guide.**
7. If you have had any change in weight in the last year, how many pounds have you lost for reasons other than dieting, exercising or childbirth?
Possible RC5 - Depending on amount of weight loss and if reason is unknown.
8. In the past three (3) years have you declared bankruptcy for which you have not yet been discharged? **If yes - Maximum coverage reduced to \$250,000.**
9. Within the past ten (10) years have you used any drugs such as barbiturates, heroin, cocaine, crack, amphetamines, LSD, ecstasy, opioids (or other narcotics, excluding the use for post medical procedure which have since been discontinued), methadone, fentanyl or other drugs not prescribed by a physician? **RC5 - More than one drug (Polydrug Usage) used within 5 years RC5. Otherwise, possible RC1 to RC5 depending on additional questions asked.**
10. Do you use or have you ever used alcohol? **RC5 - If after counseling or currently in rehab. Otherwise, possible RC1 to RC5 depending on additional questions asked.**
11. In the past five (5) years, have you been convicted or have pending charges of a DUI, had more than three (3) moving violations or had your driver's license suspended or revoked, excluding for unpaid tickets? **RC1 to RC5 - depending on additional questions asked.**
12. In the past twelve (12) months, have you participated in a hazardous sport/recreational activity (e.g. scuba diving, mountain climbing)?
RC1 to RC5 depending on hazardous sport/recreational activity.

13. In the past twelve (12) months, have you flown in an aircraft as a pilot?
RC1 or RC5 depending on the location outside of North America.
14. In the next twelve (12) months, do you plan to travel outside North America?
RC1 or RC5 - Depending on country to travel.
15. In the past year, have you been absent from work/occupation/school for more than five (5) consecutive days due to illness (excluding injury related disability)?
RC1 to RC5 - Depending on duration and cause of disability.
16. Within the past fourteen (14) days, have you been diagnosed with COVID-19?
RC5 - If current and within 14 days.
17. Have you been advised to have or are you currently awaiting surgery, test results, a non routine medical procedure or diagnostic test, a medical investigation (including referral to a specialist for conditions other than osteoarthritis, strain, sprain, pregnancy or child birth) or do you have symptoms for which you have not yet consulted a doctor?
RC5 - If answered yes.
18. In the past twelve (12) months, have you had an abnormal or inconclusive test for a condition not yet diagnosed that still requires a follow-up consultation?
RC5 - If answered yes.
19. Have you ever tested positive for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC) or had an inconclusive result from an HIV test? RC5 - If answered yes.
20. Have you ever had or been diagnosed with any cancer (excluding basal cell carcinoma), or have you had a lump, mass, or cyst? RC5 - For most current cancers, more than one, or spreading. Otherwise, possible RC1 to RC5 depending on additional questions asked.
21. Do you have any immediate family members (father, mother, brother or sister) who have been diagnosed with: Huntington's, PKD, Heart disease, stroke or cancer prior to age 60, Alzheimer's prior to age 60? RC1 to RC5 - Depending on factors such as diagnosis, number of family members affected and age diagnosed.
22. Have you ever had, been diagnosed with or treated for dizziness, epilepsy or seizures, Alzheimer's disease or any cognitive impairment such as memory loss or any other neurological condition? RC5 - If Alzheimer's is selected. Otherwise possible RC1 to RC5 depending on additional questions asked.
23. Have you ever had, been diagnosed with or treated for paralysis, multiple sclerosis, Parkinson's disease, amyotrophic lateral sclerosis (ALS), motor neuron disease, Huntington's chorea or any other brain or nervous disease or disorder? RC5 - If Huntington's, muscular dystrophy or amyotrophic lateral sclerosis (ALS) are selected. Otherwise, possible RC1 to RC5 depending on additional questions asked.

24. Have you ever had or been treated for high blood pressure or hypertension, heart failure, coronary artery disease, chest pain, or heart attack; stroke or transient ischemic attack (TIA), peripheral vascular disease or illness resulting in amputation (non-traumatic), or any other cardiac or blood vessel disease or disorder? **RC5 – If Heart attack, Stroke or Transient ischemic attack (TIA) diagnosed within the last year, before the age of 40 or more than once. Otherwise, possible RC1 to RC5 depending on additional questions asked.**
25. Have you ever had or been treated for congenital heart disease; valvular disease; aortic or other vessel aneurysms, abnormal heart rhythm, cardiomyopathy (enlarged heart) or any other conditions of the heart or blood vessels?
RC5 – If Heart failure, Cardiomyopathy (HCM) or Enlarged Heart is selected. Otherwise, possible RC1 to RC5 depending on additional questions asked.
26. Do you have diabetes, high blood sugar, or glucose intolerance?
RC5 – If combined with history of Stroke or Peripheral Vascular Disease (PVD). Otherwise possible RC1 to RC5 depending on additional questions asked.
27. Have you ever had or been treated for kidney stones, nephritis, IgA nephropathy, renal failure or any other disease or the disorder of the kidney?
RC5 - If polycystic kidney disease or chronic kidney disease is selected. Otherwise, possible RC1 to RC5 depending on additional questions asked.
28. Have you ever had or been treated for hepatitis B or C, cirrhosis, liver fibrosis or any other liver disease or disorder? **RC5 – If cirrhosis, alcoholic hepatitis or cystic fibrosis is selected. Otherwise, possible RC1 to RC5 depending on additional questions asked.**
29. Have you ever had or been treated for pancreatitis or any other disease or disorder of the pancreas? **Otherwise, possible RC1 to RC5 depending on the additional questions asked.**
30. Have you ever been diagnosed with a mental health disorder such as depression, anxiety, post traumatic stress disorder, bipolar disorder, schizophrenia, psychosis, ADD/ADHD, eating disorders (anorexia or bulimia) or any other mental health disorder?
RC5 – If schizophrenia or psychosis is selected. Otherwise possible RC1 to RC5 depending on additional questions asked.
31. Have you ever had suicidal ideation or attempted suicide?
32. Within the last five (5) years have you ever had or been treated for a disease or disorder of the lungs including emphysema, chronic bronchitis, chronic obstructive pulmonary disorder (COPD), shortness of breath, asthma, cystic fibrosis or sleep apnea?
RC5 – If any ongoing oxygen treatment. Otherwise, possible RC1 to RC5 depending on the additional questions asked.
33. Have you ever had or been diagnosed with any blood disorder such as anemia, coagulation disorder or any other blood disorder or disease? **RC1 to RC5 depending on the additional questions asked.**

34. Have you ever had or been diagnosed with rheumatoid arthritis, scleroderma, lupus or any other autoimmune or connective tissue disorder?
RC1 to RC5 depending on the additional questions asked.
35. Have you ever had or been treated for Crohn's disease, ulcerative colitis, diverticulitis or any other disease or disorder of the intestines (excluding irritable bowel syndrome)?
RC1 to RC5 depending on the additional questions asked.
36. Have you ever had or been treated for blood or protein in the urine or any other disorder of the bladder or urinary tract? **RC1 to RC5 depending on the additional questions asked.**
37. Have you ever had or been treated for prostatitis, abnormal Prostate Specific Antigen (PSA) or any other disease or disorder of the reproductive organs?
RC1 to RC5 depending on the additional questions asked.
38. Have you ever been diagnosed with goiter, hypothyroidism, hyperthyroidism or any other thyroid or endocrine disease or disorder?
RC1 to RC5 depending on the additional questions asked.
39. Have you been treated or consulted for any other disease or disorder not listed on the application? **RC1 to RC5 depending disease or disorder indicated and on the additional questions asked.**

RC1	Advance+	Up to \$1,000,000 Immediate coverage
RC2	Advance	Up to \$1,000,000 Immediate coverage
RC3	Express+	Up to \$500,000 Immediate coverage
RC4	Express	Up to \$300,000 1 (under 60) / 2 years deferred
RC5	Essence	Up to \$75,000 2 years deferred

Please **specify details if you answer **yes** to any of the above questions for an accurate underwriting assessment.

** This is **ONLY** a sample; the questionnaire is **only** available through our electronic platform.

** To be used with the Underwriting Guide

Jenie™

QQ Quick Quote 