

CRITICAL ILLNESS INSURABILITY CHECKLIST

An application should not be submitted if your client currently suffers from or has ever suffered from any of the medical impairments listed below.

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| <input checked="" type="checkbox"/> Active hepatitis | <input checked="" type="checkbox"/> Deafness* | <input checked="" type="checkbox"/> Kidney Disease (other than kidney stones and/or history of kidney infection) |
| <input checked="" type="checkbox"/> AIDS or AIDS related diseases | <input checked="" type="checkbox"/> Diabetes <ul style="list-style-type: none"> • Insulin dependent diabetes mellitus (IDDM) • Non-insulin dependent diabetes mellitus (NIDDM) under the age of 40 • Recently diagnosed (within 6 months) | <input checked="" type="checkbox"/> Lupus (other than Discoid Lupus Erythematosus) |
| <input checked="" type="checkbox"/> Alcohol abuse within the last 2 years | | <input checked="" type="checkbox"/> Major organ transplantation |
| <input checked="" type="checkbox"/> ALS (Amyotrophic Lateral Sclerosis) Lou Gehrig's Disease | | <input checked="" type="checkbox"/> Multiple Sclerosis |
| <input checked="" type="checkbox"/> Alzheimer's disease | | <input checked="" type="checkbox"/> Muscular Dystrophy |
| <input checked="" type="checkbox"/> Any heart condition or heart trouble | <input checked="" type="checkbox"/> Drug use (other than social or medicinal marijuana use) within the past 3 years | <input checked="" type="checkbox"/> Paralysis* (other than Bell's Palsy) |
| <input checked="" type="checkbox"/> Blindness* | | <input checked="" type="checkbox"/> Parkinson's Disease |
| <input checked="" type="checkbox"/> Cancer** | <input checked="" type="checkbox"/> Epilepsy (uncontrolled – frequent attacks) | <input checked="" type="checkbox"/> Pulmonary Fibrosis |
| <input checked="" type="checkbox"/> Cerebral Palsy | <input checked="" type="checkbox"/> Heart Attack | <input checked="" type="checkbox"/> Sickle Cell Disease |
| <input checked="" type="checkbox"/> Coma | <input checked="" type="checkbox"/> Haemophilia | <input checked="" type="checkbox"/> Stroke (cerebral vascular accident) |
| <input checked="" type="checkbox"/> Congenital heart conditions | <input checked="" type="checkbox"/> Huntington's Chorea | <input checked="" type="checkbox"/> Suicide attempt within past 2 years |
| <input checked="" type="checkbox"/> Coronary bypass | | |
| <input checked="" type="checkbox"/> Cystic Fibrosis | | |

* Blindness, Deafness, Paralysis may be issued with exclusions.

** Some exceptions apply – discuss with an underwriter before submitting an application.