



Health
WAYS SERIES
Protecting your way of life



Independent Living

Total Long-term Care

Pre-screening Guide



Desjardins
Financial Security®

Money working for people

4 Step TLC Underwriting Process

*Underwriting inquiries should be directed to LifePlans
toll-free at 1 877- 881- 0227 or
email DSF-DFS@lifeplansinc.com*

Step 1: Pre-Approach

Before calling the client

Please review the **Health Signs "red light" indicators** in this pre-screening guide or refer to **page 3 - section A of the Independent Living application** to become familiar with conditions and/or medications that result in automatic declines.

You can also reference the **LTC Preliminary Screening Questions** in this guide. During the phone call with your client, advise them that long-term care coverage is based on current health status and that some medical questions or information is necessary to determine eligibility. In fact, questions 2 and 4 are the easiest to ask and provide critical information.

Step 2: Pre-Qualification

During the phone call to schedule an appointment or meeting with the client

Speech 1:

"In order to maximize your retirement planning strategy, I would like to introduce you to a new financial program that increases your retirement income should you develop any serious health problems. I'd like to schedule a meeting to discuss this program in greater detail and determine eligibility. Are you available on _____ or _____?"

Speech 2:

"A new financial program that increases retirement income in the event that you develop a serious health problem has just surfaced the market. I'd like to schedule a meeting to discuss this program in greater detail with you and determine eligibility. Are you available on _____ or _____?"

R If client is 65 years +

Please confirm whether they have seen a physician within the last 3 years? If not, please advise them that long-term care coverage cannot be obtained without this requirement. Also, the medical information obtained during the visit with the physician must be reported in the application. This requirement doesn't apply to clients under the age of 65.

Furthermore, if the client is currently taking any prescribed medication, please ask for the type and dose of medication and reason why it was prescribed?

- R If any of the prescription drugs mentioned by the client are on the list of ineligible medications on page 12, you could conclude that the case would result in a decline.
 - R If not, and the client describes the reason for using this prescribed medication:
 - Please refer to the "Questionnaire" section of this pre-screening guide (page 8), in particular the segment on "Current disorders" to determine whether to ask any additional questions. (Continuing with additional questions may depend on the relationship with the client and their willingness to cooperate at this stage)
 - You could also consult the "Considerations by illnesses" section in the Underwriting Guide.
 - If only the name of drug is provided, you can contact LifePlans to determine whether additional questions may be required or perhaps a verdict may be rendered based on the information obtained. The medication taken by an individual is a helpful indicator of their general health.
- OR
- **YOU CAN CONTACT LIFEPLANS TO HELP WITH PRE-QUALIFICATION OF YOUR CLIENT.**

Step 3: Client Visit

The Application

Please complete the Independent Living application in full:

- R If the client answers **"YES" to one or more questions** in Section A, do not submit the application as the client will automatically be declined for coverage.
- R If the client answers **"NO" to all the questions** in Section A, please refer to the Age Based Requirement Table and advise the client of underwriting requirements.
 - Your client must be prepared for a phone history or face-to-face interview with a nurse, subject to age requirements. If a report from the attending physician is required, please inform the client about this too.
 - To accelerate the underwriting process, you could determine an appropriate time to call and include this information in the "Special Instructions" section. If the client is out of province or country, you may include the address and phone number where they could be reached as LifePlans can also conduct these interviews throughout Canada and the USA.

Age Based Requirements Table

Age	Underwriting Requirements
Up to 70	Independent Living Application Phone History Interview (<i>cognitive screen</i>)
71 to 80	Independent Living Application Face-to-face Interview (<i>cognitive screen</i>) Medical Records

⇒ The telephone interview is used to confirm application information and medical history. The interview also contains a cognitive exercise.

Step 4: LifePlans *U/W* Analysis

DFS receives the application, records client information, pre-screens for automatic declines and submits the application to LifePlans for full underwriting review:

Phone History Interview

12-day issue period from the time the application is received.

Face-to-Face Interview

30-day issue period from the time the application is received the application is received.



Health signs

Driving your health interview is easy!



The red light indicates that the applicant would not be eligible for protection.



The yellow light indicates that the condition would require additional investigation.



The green light means that the applicant is probably eligible.

Activities of Daily Living

Does the individual currently need or require the assistance or supervision of another person in performing any of the following activities:

Bathing, Dressing, Moving in/out of a bed or a chair, Toileting or Bowel/Bladder control, Eating, Taking Medications; Walking In/Outdoors, Using a Telephone, Managing Finances, Performing Housework, Doing the Laundry, Transportation, Shopping, or Meal Preparation?



Assistive Devices

Does the individual currently use any of the following assistive devices:

Walker, Wheelchair, Oxygen, Dialysis, Respirator, Hospital Bed, Quad Cane (4-pronged cane), or Motorized Cart?



Cardiovascular Conditions

Within the past five (5) years, has the individual received advice or medical treatment, consulted with health care personnel, taken any medications, been medically diagnosed, been confined to a hospital, nursing care facility or any other institution for any of the following conditions:

Heart Attack
High Blood Pressure
Congestive Heart Failure (CHF)
Heart Surgery
Angioplasty
Stroke
Transient Ischemic Attack (TIA)
Mini-stroke
Chest Pain
Irregular Heart Beat or
Other Heart Condition



Has the individual had, or currently have, or EVER been diagnosed or treated for any of the following medical conditions:

Circulatory Disease (other than well-controlled hypertension)
More than one mini-stroke (TIA), Stroke or Cerebrovascular Accident (CVA)



Malignancy or Growth

Within the past five (5) years, has the individual received advice or medical treatment, consulted with health care personnel, taken any medications, been medically diagnosed, been confined to a hospital, nursing care facility or any other institution for any of the following conditions:

Cancer
Tumor
Hodgkin's Disease
Lymphoma
Other Malignancy or Growth



Has the individual had, or currently have, or EVER been diagnosed or treated for any of the following medical conditions:

Cancer of two or more sites (excluding skin) or Metastatic Cancer (Cancer that has spread from the original organ)



Diseases of the Pancreas or Liver

Within the past five (5) years, has the individual received advice or medical treatment, consulted with health care personnel, taken any medications, been medically diagnosed, been confined to a hospital, nursing care facility or any other institution for any of the following conditions:

Diabetes: either Insulin-Dependent or Non-Insulin Dependent, Diseases of the Pancreas or Liver

Has the individual had, or currently have, or EVER been diagnosed or treated for any of the following medical conditions:

Diabetes Insulin-Dependent with one of the following complications:

- Cardiovascular Disease (other than well-controlled hypertension)
- Skin Ulcer
- Retinopathy
- Neuropathy
- Renal Failure

Cirrhosis of the Liver

Nervous or Neurological Disorders

Within the past five (5) years, has the individual received advice or medical treatment, consulted with health care personnel, taken any medications, been medically diagnosed, been confined to a hospital, nursing care facility or any other institution for any of the following conditions:

Brain Disorder

Mental, Emotional or Nervous Disorder

Paralysis

Numbness

Anxiety

Depression

Balance Problems

Falls

Tremors

Confusion

Fainting Spells

Blacking out

Epilepsy

Convulsions

Other Neurological Disorders

Has the individual had, or currently have, or EVER been diagnosed or treated for any of the following medical conditions:

Multiple Sclerosis

Neuropathy

Parkinson's Disease

Alzheimer's Disease

Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)

Chronic Memory Loss, Senility, Dementia or Organic Brain Syndrome

Huntington's Disease

Neurogenic Bladder

Lung Problems or Breathing Conditions

Within the past five (5) years, has the individual received advice or medical treatment, consulted with health care personnel, taken any medications, been medically diagnosed, been confined to a hospital, nursing care facility or any other institution for any of the following conditions:

Emphysema
Asthma
COPD
Shortness of Breath
Other Lung Problems
Breathing Conditions



Muscular Disorder or Dismemberment

Within the past five (5) years, has the individual received advice or medical treatment, consulted with health care personnel, taken any medications, been medically diagnosed, been confined to a hospital, nursing care facility or any other institution for any of the following conditions:

Osteoarthritis
Rheumatoid Arthritis
Osteoporosis
Pain in the Muscles or Joints
Disorders of the Bones
Joints or Spine
Fracture of the Hip/Knee/Other Joint Replacement
Amputation
Any Conditions causing Crippling
Limited Motion or requires Adaptive Devices



Has the individual had, or currently have, or EVER been diagnosed or treated for any of the following medical conditions:

Muscular Dystrophy
Amputation due to disease
Paraplegia
Quadriplegia



Others

Within the past five (5) years, has the individual received advice or medical treatment, consulted with health care personnel, taken any medications, been medically diagnosed, been confined to a hospital, nursing care facility or any other institution for any of the following conditions:

Alcoholism,
Drug Addiction
Visual Disturbances
Skin Ulcers
Anemia
Hepatitis
Other blood disorders



Has the individual had, or currently have, or EVER been diagnosed or treated for any of the following medical conditions:

Acquired Immune Deficiency Syndrome (AIDS) or HIV Positive, or ARC



For more information concerning these conditions, please refer to the comprehensive “Long Term Care Underwriting Guide”.

Questionnaire

LTC Preliminary Screening Questions

1. Could you give me your height and weight?

Advisor must refer to Weight and Height Guide on page 11. If the height/weight ratio falls outside the chart limits, the result is a decline.

2. Do you have any medical exams, procedures or surgery planned?

If yes, what type, date scheduled and symptoms leading to testing. Advisor must discuss with LifePlans.

3. Has your physician changed your medication regime in any way?

If they have added a new medication, changed a dosage (increase or decrease), or stopped a medication, a defined stability period for the condition the medication is treating must be satisfied. Advisor must consult with LifePlans for more information and questions.

4. Have you been advised to consult a specialist or is a physician following a particular medical condition, old or new. What is the condition?

Please note that this questionnaire is not inclusive rather a quick reference guide for pre-qualification. Refer to the more comprehensive “Long Term Care Underwriting Guide” as the primary underwriting reference tool.

Current disorders

Arthritis, Osteo or Rheumatoid

R Do you use any medical devices other than a straight cane? If yes, decline.

R Do you have any functional limitations*? If yes, decline.

R Have you had more than one fall or fracture in the past two years? If yes, advisor must contact LifePlans.

R Do you use narcotic pain medications? If yes, advisor must contact LifePlans.

Osteoporosis

- R Do you have any functional limitations*? If yes, decline.
- R Have you been told you have “*compression fractures*”? If yes, advisor must contact LifePlans.
- R Have you had any falls in the last two years and experienced significant pain afterwards? If yes, advisor must contact LifePlans.
- R Are you using narcotic pain medications? If yes, advisor must contact LifePlans.

Asthma/Emphysema/COPD

- R Do you use tobacco or have you done so within the past year? If yes, decline.
- R Are you using oxygen? If yes, decline.
- R Do you use steroids (i.e.– Prednisone, Medrol, etc) over 10mg? If yes, decline.
- R Do you have any limitations to activity? If yes, decline.

Cancer or blood disorders

- R Have you been diagnosed with skin cancer within the past year? If yes, advisor may submit for consideration.
- R Have you ever been diagnosed with any other type of cancer? If yes, has the applicant met the required **stability period**? *Please refer to the comprehensive guide and remember that the stability period begins when the applicant has **completed all treatment**, surgery, radiation, chemotherapy and been released from all but routine follow-up by the physician.*
- R Have you had more than one episode of cancer? If yes, advisor must contact LifePlans.

Heart Disease, Irregular Heart Beat, Valve Disease

- R Do you have any functional limitations*? If yes, decline.
- R Do you experience shortness of breath which limits your activities? If yes, advisor must contact LifePlans.
- R Have you had a diagnosis of Congestive Heart Failure? Do you use Lasix? If the dose is more than 80 mg per day, decline. Have you had more than one episode? If yes, decline.
- R Have you fainted in the past two years? If yes, advisor must contact LifePlans.

Diabetes

Insulin use is acceptable as long as the applicant is using less than 40 units total per day, in any combination of formulas and is not smoking 24 months prior the application.

- R Do you monitor your blood sugar readings? Have your readings exceeded 11 mmol/l for the last 6 months, regardless of your fasting period? Or have your readings exceeded 8.5 mmol/l when you have an empty stomach. If yes, decline the application.

If you answer "yes" to any of the following complications: Decline

- R **Retinopathy** – vision changes?
- R **Neuropathy** – numbness and tingling or decreased sensation in fingers and toes?
- R **Nephropathy** – changes to kidney function?
- R **Amputation** – other than due to trauma?
- R **Skin Ulcers** – open sores that are slow to heal or re-occur due to poor circulation?
- R **Use of steroids** (i.e. – Prednisone, Medrol, etc) for the treatment of any condition?
- R Have you had a stroke, **mini-stroke or TIA** at any time in the past?
- R Do you have high **blood pressure** and fall outside the preferred weight guidelines?

Peripheral Vascular Disease? (poor circulation in the extremities)

If you answer "yes" to any of the following complications: Decline.

- R **Diabetes** – controlled by insulin or oral medications?
- R **Asthma, Emphysema, COPD** – otherwise known as lung disease?
- R **Functional limitations*** – poor circulation will often cause you to decrease the level of activity due to pain?
- R **Tobacco Use** – in any form within the past 2 years?
- R **Claudication Pain** – this is pain experienced in the lower legs that develops when you walk any distance?
- R **Skin Ulcers** - open sores that are slow to heal or continue to re-occur?

*Functional limitations: Physical restrictions and those that affect or impair a person's ability to perform daily activities.

Weight and Height Guide

The following weight and height table applies to both men and women. Being overweight can compound problems when treating other conditions such as functional or mobility deficiencies, diabetes and cardiac insufficiencies. Any applicant possessing a functional or physical impairment complicated with the build configuration listed below is considered a high risk. This applies to overweight as well as underweight; therefore, an applicant's weight should be stable for a minimum of 12 months prior to the application.

Minimum Weight (lbs)	Height (ft in)	Maximum Weight (lbs)
82	4' 08"	187
84	4' 09"	191
85	4' 10"	194
86	4' 11"	197
88	5' 00"	201
90	5' 01"	204
92	5' 02"	207
94	5' 03"	212
97	5' 04"	217
99	5' 05"	223
102	5' 06"	229
105	5' 07"	235
108	5' 08"	240
111	5' 09"	246
114	5' 10"	253
117	5' 11"	261
120	6' 00"	268
123	6' 01"	276
126	6' 02"	284
129	6' 03"	293
134	6' 04"	301
139	6' 05"	308
142	6' 06"	315
146	6' 08"	325

Medications

Any medication (prescription or over the counter drug) taken by an applicant is significant, and should be reported fully on the Independent Living application. Below are the names of some prescription medications that would result in poor risk selection (as they indicate fairly significant health problems) and deem the applicant **uninsurable for Independent Living coverage**.*

A

Acamprosate
Adalimumab
Adriamycin
Agrylin
Akineton
Aldesleukin
Alferon
Alferon N
Alkeran
Alpha
Amantadine
Anagrelide
Anandron
Anaspaz
Anastrozole
Antibuse
Apo-Levocarb
Apo-Zidovudine
Aptivus
Aricept
Arimidex
Artane
Atamet
Auranofin
Aurothioglucose
Azasan
Azathioprine
AZT

B

Baclofen

Benztropine
Betnesol
BiCNU
Biperiden
Blenoxane
Bleomycin
Bromocriptine
Busulfex/Busulfan

C

Cabergoline
Caelyx

Mitotane
Mitoxantrone

Campral
Capecitabine
Carbex
Carbidopa
Carmustine
Casodex
CDDP
CeeNU
Celestone
Cerefolin
Cerubidine
Chlorambucil
Chlorpromazine
Chlorthalidone
Chrysotherapie
Cisplatin
Clozapine
Clozaril
Cogentin
Cognex
Combivir
Cortef ≥ 6 mg/day
Cortisone
Cortone
Cyclophosphamide
Cystospaz
Cytarabine
Cytosar-U
Cytosan

D

Dacarbazine
(DTIC)
Dantrium
Dantrolene
Daunorubicin
Decadron ≥ 6 mg/day
Deltasone
Deoxycoformycin
Depo-
Deprenyl
Deronil
Deserpidine
Dexasone

Q

Quetiapine

Didanosine
Dihydroergotoxine
Dolophine
Donepezil
Dopar
Dostinex
Doxil
Doxorubicin
Droxia

E

Eldepryl
Eligard
Enbrel
Endocodone
Entacapone
Entocort
Ergamisol
Ergoloid Mesylates
Erlotinib
Etanercept
Ethopropazine
Etopophos
Etoposide
Euflex
Eulexin
Exelon

F

Femara
Filgrastim
Floxuridine

Fluorodeoxyuridine
Fluphenazine
Flutamide
Folinic acid
Forteo
Foscarnet
Foscavir
FUDR
Furosemide

Thioplex
Thioridazine

G

Galantamine
G-CSF
Geodon
Gerimal
Gleevec
GM-CSF
Gold sodium thiomalate
Gold Therapy

H

Haldol
Haloperidol
Herceptin
Hexadrol
Humira
Hydergine
Hydrea
Hydrocort
Hydroxydaunomycin
Hydroxydoxorubicin
Hydroxyurea
Hyoscyamine
Hyosol
Hyospaz

I

Ifex
Ifosfamide
Imatinib
Imuran
Insulin ≥ 40 units/day

Interferon
Interleukin-2
Intron
Intron A
Isophosphamide

K

Kemadrin
Kenacort

L

Lanvis
Laradopa
Largactil
Lasix ≥ 80 mg/day
L-Dopa
Letrozole
Leucovorin
Leukeran
Leukine
Leuprolide
Levamisole
Levbid
Levodopa
Levsin
Lioresal
Liposomal
Lodosyn
Lomustine
Loxapine
Loxitane
Lupron
Lysodren

M

Majeptil
Matulane
Medrol ≥ 6 mg/day
Megace
Megestrol
Melleril
Melphalan

Mercaptopurine
Meridia
Mesoridizine
Mestinon
Mesylate d'ergoloïde
Methadone
Methadose
Methotextrate ≥ 17.5 mg/week
Mirapex

Moban
Moditen
Molindone
Mutamycin
Myleran
Myochrysin

N

Natalizumab
Natrecor
Navane
Neosar
Neupogen
Nilandron
Niloric
Nilutamide
Nipent
Novantrone
Novo-AZT

O

Olanzapine
Oradexon ≥ 6 mg/day
Oxycodone
Oxycontin
Oxydose
OxyFast
OxyIR

P

Parlodel
Parsitan
Pediapred
Pentostatin
Percolone
Permitil
Perphenazine
Platinol
Pramipexole
Prednisone ≥ 6 mg/day
Priftin
Procarbazine
Procyclid
Procytox
Prokine
Proleukin
Prolixin
Prostigmin
Purinethol
Pyridostigmine

R

Razadyne
Rebetron
Regonol
Remicade
Reminyl
Requip
Reserpine
Respiridone
Retrovir
Ribavirin
Ridaura
Rifapentine
Rihexane
Rilutek
Riluzol
Risperdal
Risperidone
Rituxan
Rituximab
Rivastigmine
Roferon-A
Ropinirole
Roxicodone
Rubex

S

Sargramostim
Selegiline
Serentil
Seroquel
Sinemet
Solganal
Solu-Cortef
Solu-Medrol
Stelazine
Streptozocin
Symadine
Symmetrel

T

Tabloid
Tace
Tacrine
Tarceva
Tasmar
Teriparatide
Teslac
Testolactone
Thioguanine

Thiotepa
Thiothixene
Thorazine
Timespan
Tolcapone
Toposar
Trastuzumab
Trelstar
Trifluoperazine
Trihexane
Trihexy
Trihexyphenidyl
Trilafon
Triptorelin
Trizivir
Tysabri

V

Velban
VePesid
Viadur
Videx
Vinblastine
VP-16

W

Wellcovorin
Wellferon
Winpred ≥ 6 mg/day

X

Xeloda
Xenical

Z

Zanosar
ZDV
Zidovudine
Ziprasidone
Zyprexa

* Please note that this list is not inclusive