

Wawanesa Life's response to the COVID-19 pandemic continues to evolve to help support you. We want to make it as easy as possible for you to do business. Here is a simple guide to our Underwriting processes to use during this time.

1. Flexible Underwriting Requirements

In place of the underwriting guidelines found in our illustrations, we will automatically use our Flexible Underwriting Requirements. Please disregard the guidelines generated with our illustrations.

Flexible Underwriting Requirements:

Skip the tele-interview with a Full Life Application

*Under our Flexible Underwriting Requirements, we can potentially waive the tele-interview if we receive a Full Life Application. Details submitted on the Full Life Application should be complete and accurate. **Additional requirements may still be necessary** if we determine that we need more information to assess the risk. **Waiving the tele-interview is at the full discretion of our underwriting team.***

For ages up to and including age 50, for volumes up to and including \$1M

- No fluids or paramedicals are required.
- Where possible, we will use tele-interviews/full applications in lieu of attending physician statements.

For ages 51-65, for volumes up to and including \$500,000

- No fluids or paramedicals are required.
- We will require a tele-interview/full application.
- In some cases, an attending physician's statement will be required.

For volumes and ages that do not fit within the above limits

- We will evaluate the information received in the tele-interview and will advise of any additional requirements.

For all cases

- If we find we cannot provide the requested coverage, we will advise if we can offer on a reduced volume.

There may be situations where we have to postpone or issue with a rating until other tests are available.

2. After Policy Issue on Approved Cases

Signed COVID Statement:

We require the completion of a COVID-19 statement for all approved cases, including Critical Illness plans, requests for change to non-smoker rates, and reinstatements. A New Business Administrator will provide you with the statement and instructions.

Preferred Rates:

If your customer has been approved at standard rates under Flexible Underwriting Requirements, and your underwriter advises that your customer may qualify for preferred rates, they have 6 months from policy issue to provide medical requirements to be considered for preferred rates. If approved, we will adjust their premium amount and apply credit accordingly.

3. More About Paramedicals

Paramedicals may be required when:

- More evidence is required to issue a pending policy.
- When the volume applied for is outside what we can offer under Flexible Underwriting.
- When your customer could qualify for preferred rates.

Customers are given the choice of their paramedical appointment method:

- Designated facility
- In-home
- Their physician
 - *subject to confirmation from the customer's physician if they are able to accommodate this service.*

Please note: Paramedical companies are adapting as required on a regional basis.

When Wawanesa Life determines paramedicals are required, we will:

- Contact you with the reason for needing medical requirements from your customer.
- The email will include 3 documents that must be shared with your customer.
 - Wawanesa Life Paramedical Services Guide
 - Appointment guide for Dynacare
 - Appointment guide for ExamOne
- Once your customer's decision is finalized, please contact us to inform what method they have chosen, and we will order the paramedical requirements.

If your customer is not comfortable with an in-person paramedical appointment, their options are:

- **If they are applying for a volume that falls outside of our Flexible Underwriting Requirements:**
 - We will review the application and advise if we can offer on a reduced volume without additional medical evidence.
- **If they have been approved at standard rates but require a paramedical to be considered for preferred rates:**
 - They can forgo preferred rates and accept their policy at standard rates.
 - They have 6 months from policy issue to provide medical requirements to be considered for preferred rates.
- **If in-person paramedicals are required to issue a pending policy:**
 - Your customer can choose not to proceed with an appointment to complete the required paramedicals and we will be unable to issue them an insurance policy at this time.