Administrative Guide for Advisors

Underwriting and New Business

beneva

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1. Introduction

This guide presents the main administrative guidelines applicable to individual insurance underwriting and new business at Beneva.

The managing general agent (MGA) serves as a contact person for advisors on all matters related to underwriting and new business.

This guide should be used as a reference tool when processing new individual insurance applications. We believe that combined with the Ingenium and LifeSuite systems, tracking reports and automatic email notifications, this guide will enable MGAs to adequately check applications and keep track of files under review at Beneva.

For basic training or updates on this guide, Ingenium and/or LifeSuite, tracking reports and automatic email notifications, please contact Sales Support.

The guide is divided into several sections. Refer to the Table of Contents to easily locate the section you are looking for. The purpose of this guide is to help standardize our operations, ensure quality service and guarantee the application of sound business practices.

2. Contact information

2.1 Partner Services and Contract Issuance

Advisors and associate general agents (AGA) must always refer to their MGA for answers to specific questions. Only CFB advisors and MGA staff are allowed to contact the New Business Partner Services team directly.

Telephone	Toll-free: 1 877 707-7372
Fax	514 282-8920 Toll-free: 1 866 269-8920
Business hours	Monday to Friday, 8:30 a.m. to 4:30 p.m.
Email	**infonewbusiness@beneva.ca**
Website	beneva.ca
New Business address **(where paper applications/signature pages of electronic proposals and investment requirements are mailed)**	Beneva Inc. Individual Insurance, New Business 1225, rue Saint-Charles Ouest, bureau 200 Longueuil, QC J4K 0B9

3. Requests for information for MGAs

Requests for information from underwriters	• Underwriters assess risk only. They do not perform administrative tasks (including follow-ups). **Bear in mind that confidential information cannot be disclosed.** However, when an application is denied, the underwriter, to help the advisor better understand, will indicate the following in LifeSuite: – The document on which the decision is based (e.g., paramedical questionnaire, medical report, lab tests, etc.), but not its content. – The bodily system affected (e.g., circulatory, respiratory, digestive). – The underwriter will only propose a review when applicable. **Example**: Denied because of the client's endocrine system answers in the paramedical questionnaire. Cannot be reviewed.
New business under review and contract issue	• Partner Services can provide tons of underwriting information. When necessary, Partner Services will have an underwriter call the MGA or advisor (except for VIP applications where direct access to the underwriter is provided). • Most questions received by email are **answered by the following business day**. Advisors and AGAs should always refer to their MGA.
Opinions of probable cost	• Refer to the underwriting guide.
Sales approach	• Contact Sales Development.

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4. Insurance applications

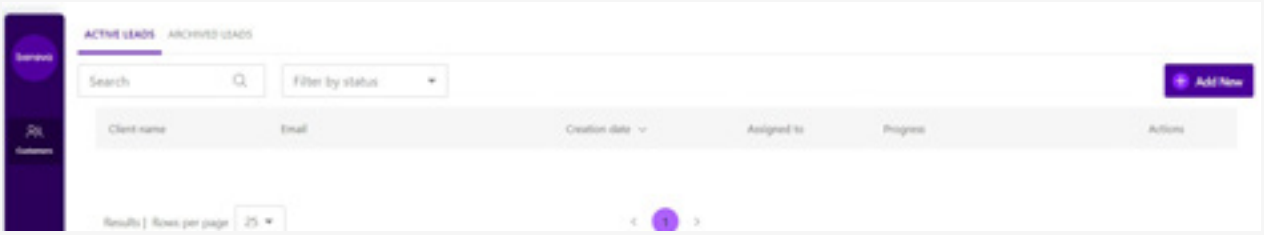
Advisors have the following options:

Electronic application

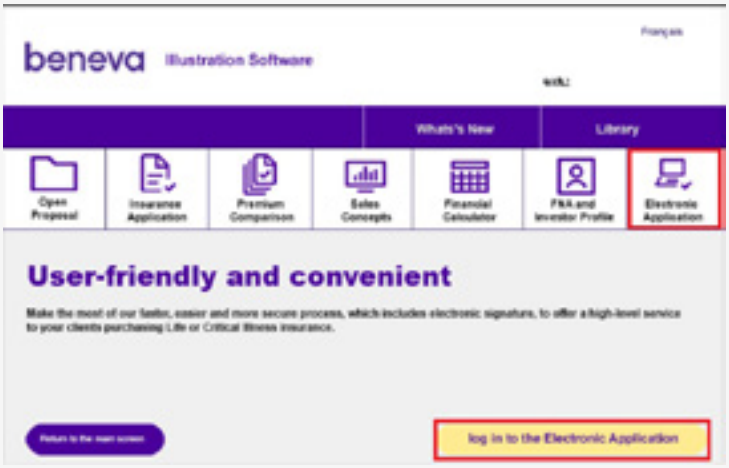
It is available in the Info Flash section of the Advisor Centre.

French: proposition.beneva.ca

English: application.beneva.ca



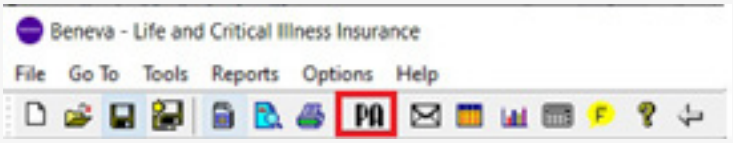
It is also accessible via the illustration software's homepage in the Electronic Application tab.



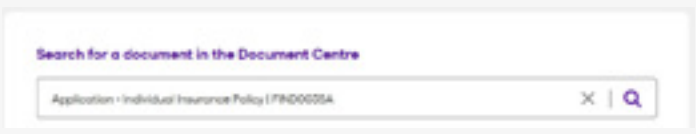
Paper application

It is accessible via the illustration software's homepage in the Paper Application tab.

It also becomes available in the PA tab of the illustration software after an illustration is generated.



Finally, it is available in the Advisor Centre's documentation centre, in the Individual Insurance and Investments tab, under Documents. Once there, search for the keyword Application.



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5. Application submission

Advisors have the following options:

Electronic applications:

Online

French: proposition.beneva.ca

English: application.beneva.ca

Paper applications:

Regular mail: 1225, rue Saint-Charles Ouest, bureau 200, Longueuil, QC J4K 0B9

Email:

French: AS – Info Nouvelles affaires infonouvellesaffaires@beneva.ca

English: AS – Info new business infonewbusiness@beneva.ca

Basic rules	
Application analysis	• Applications must be analyzed by the CFB advisor or MGA. • **Important!** To speed up processing times, all mail for New Business must be placed in one envelope marked New Business.
Contract combination	• Please pool all applications submitted by the same policyowner or insured. This will ensure that the same underwriter processes all the contracts and that they will have the same issue date (allowing the advisor to make a single delivery). • When applications are not pooled, as soon as one of them is approved by Underwriting, it is issued, which means that it is no longer possible to combine contracts.

6. Cancellations and internal replacements

Extra premiums and exclusions	
Issue date	• The contract is issued on the day closest to when the contract is approved by Underwriting. • To maintain continuity of insurance, the issue date of the new contract and the cancellation date of the old one will be the same. • In other words, the old contract ends as the new one takes effect.
Redating	• No redating is possible in the case of cancellations and replacements.
Automatic backdating	• In order to save age, contracts are automatically backdated up to a maximum of 30 days from the issue date.
Signatures	• The signatures of all owners of the replaced contract are required. When an owner's signature is missing, a letter signed by that owner will be required. • When an owner and/or irrevocable beneficiary of a replaced contract is not the owner and/or irrevocable beneficiary of the new contract, and one of the signatures is missing, a cancellation letter will be required.
Prior notice of replacement	• Each province has specific rules on prior notices of replacement. In all cases, the signatures of all owners of the old contract are required.
Premiums	• Premium payments on the replacement contract/coverage will not be interrupted during the new contract underwriting process.

7. New business process and service standards

Step 1: Application is entered in the systems and Underwriting performs initial analysis	
Application input	• Two business days following receipt by New Business. Receipt, analysis, digitization and data entry into Ingenium and LifeSuite, MIB.
Initial analysis by Underwriting	• Two business days following receipt by Underwriting. • Application analysis by an underwriter.

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7. New business process and service standards (cont'd)

Step 2: Initial requirements entered, additional requirements ordered and Underwriting analysis performed	
Deadline: **- Receipt** **- Order**	• Noon
Initial requirement entry (contract combination)	• Same day as receipt Requirements received and entered in LifeSuite.
Additional requirement order	• One business day Orders for additional requirements submitted to the MGA/advisor or orders for additional requirements by Beneva from its suppliers.
Analysis by Underwriting	• One business day following receipt of requirements Requirements analyzed by an underwriter.
	If necessary, the underwriter will order additional requirements and then forward the file to the medical consultant, reinsurer or co-signer. Once the analysis is complete, the underwriter will make a decision.

Step 3: Final decision after the last requirement received	
Final decision after last requirement received; complete file	• One business day following receipt of last requirement Decision entered in LifeSuite.

Step 4: Contract issuance, quality control and mailing	
File acceptance in the system (issue)	• One business day When there are no investment requirements: immediate implementation.
Contract assembly (for mailing)	• One business day – Contract printout – Rider production – Contract assembly
Quality control	• One business day – Contract analysis
Special features	• When a client no longer wants coverage that is under review at Underwriting, a note from the advisor/MGA is required to close the file. • We cannot withhold the issue of an approved and complete application; the contract must be issued and sent to the MGA in the system (even if there is a transfer request in progress).
Contracts with riders	• When the default language of the application and the client's language preference are different, the rider will be provided in the latter. However, all written confirmations received by email/LifeSuite from the client/advisor will remain in their original language.

Step 5: Processing investment requirements	
Activation of the file in the system	• Same day as receipt When investment requirements are received by the deadline indicated on the form accompanying the contract: activation. When the investment requirements are not received by the deadline indicated on the form accompanying the contract: application is closed with the mention "Refused by requester".

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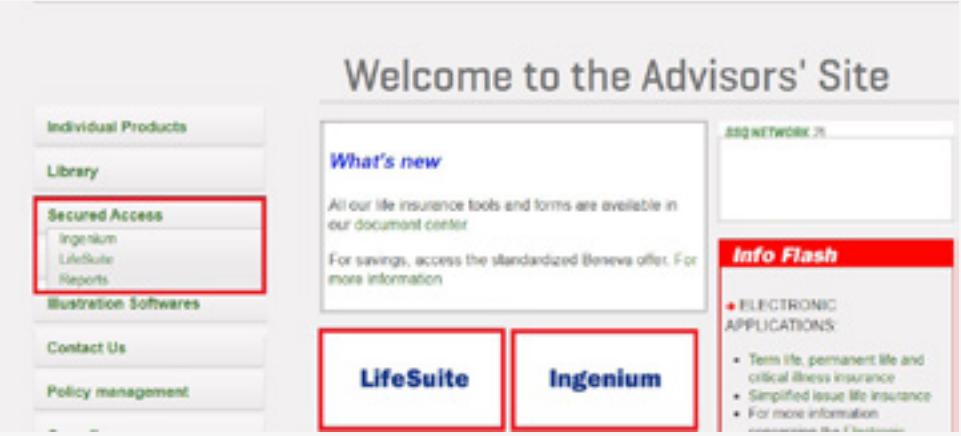
8. Secure Advisor Centre

Access to the LifeSuite and Ingenium systems is available via our Advisor Centre.



8.1 LifeSuite: Agent portal

LifeSuite allows you to track the progress of your applications up to approval.

- **List of files at underwriting:** status is Pending or Closed.
- **Client or contract search**
- **Messages:** access to the inbox and the sending of new messages, additional requirements. Important! Do not delete the messages in your outbox because they will be automatically deleted once Beneva has replied to them.
- **Insured information:** coverage, requirement status, underwriter's decision, smoking status, class, etc.

8.2 Ingenium

Ingenium allows you to follow up on client files as well as obtain relevant information on the advisor's file.

- **Advisor information:** contact information, commission payment method, CPA – retention rate, advisor production balance, commission history, bonus accumulator by remuneration type.
- **Read-only access to client files:** search for clients, contract information, owners, beneficiaries, coverage, billing, issue requirements and activation.

8.3 LifeSuite and Ingenium user guide

For assistance, refer to the LifeSuite and Ingenium user guides available in the Document Centre in the advisor section of beneva.ca.

9. File-tracking tools

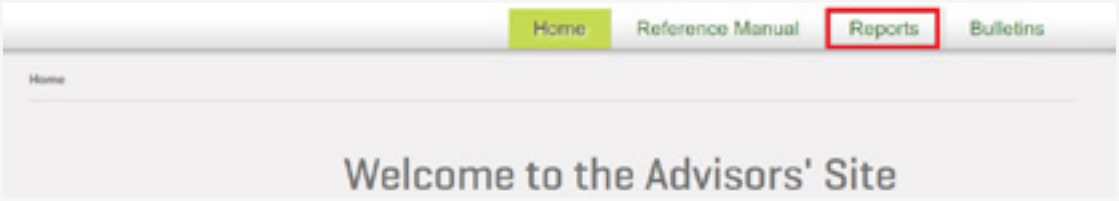
Tools are available to help keep track of pending New Business files, from application to implementation. They allow advisors to know what's going on and even prompt them to take action.

Two tracking tools are available: 9450Q Report (Issue and Implementation Requirements) and Automatic Email Notifications

9.1 9450Q Report: Issue and activation requirements

This report is updated daily and includes each advisor's issue and activation (investment) requirements.

It is available on our secure website in the Reports tab.



When selecting a broker code, select 9450Q Report from the list.

Here is a screenshot of the types of issue (EXEM) and activation (EXMEV) requirements with details under Description.

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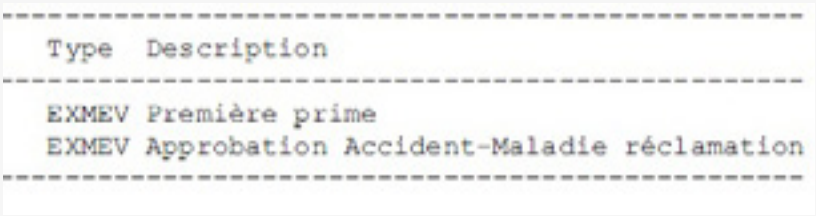
9. File-tracking tools (cont'd)

9.1 9450Q Report: Issue and activation requirements (cont'd)



Type	Description
EXMEV	Première prime
EXMEV	Approbation Accident-Maladie réclamation

9.2 Email notifications: Underwriting and New Business activities

When requested, the contact person at New Business contact will receive an Underwriting and New Business Report by email every day.

This report provides a progress update on the status of underwriting and new business activities, from receipt of application, underwriting, policy issue to implementation. It lists all new business activities from the previous day along with a description of each.

The report includes requirements added by Underwriting and Contract Issuance, and excludes underwriting requirements based on age and amount.

The fact that it is an **Excel** spreadsheet allows the information to be quickly and easily sorted according to: *Advisor Code, Advisor Name, Application Number, Contract Number, Contract Owner, Notification or Department*.

The *Notification* column allows you to sort notifications according to type, i.e.,:

- Information: means FYI only (no action required).
- Action required: means that the advisor is required do something.
- Communication: means that a message was received in LifeSuite.
- Investment requirement: means that a requirement related to investment must be processed.

The *Department* column shows the department that issued the notification, i.e.,:

- Underwriting
- Contract Issuance
- Underwriting/Issuance
- Implementation

A link to LifeSuite and Ingenium is included in the email notification when additional information is required.

Below is an example of a message:

10. Paramedical vendors / suppliers

Basic rules	
MGA's responsibility (sometimes delegated to the advisor)	• Order the basic requirements according to the grid (by age and amount) from a supplier (previously authorized by Beneva). Beneva does not cover the cost of requirements that are not mandatory (e.g., paramedical questionnaire ordered when not required). • Inform the client of the actions that will be taken by the paramedical organization (to prepare for them). Advise the client to attend appointments in order to avoid additional costs. • Order the underwriter's additional requirements from the supplier. • Follow up on orders placed with the paramedical organization. • **Important!** When a questionnaire is required for a review, the underwriter can give the organization the choice, via LifeSuite, of having the questionnaire completed with the advisor or ordered from Dynacare.
Beneva's responsibility	• Cover the cost of mandatory requirements. • Order and follow up on the following: – Questionnaires ordered by Beneva; ordered by Underwriting from Dynacare – Doctor's report – Investigation report – Driving record report* ***In Alberta:** Clients must order this report themselves (provincial regulation).
Main paramedical organizations	• Dynacare • ExamOne • First Financial Underwriting

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11. Cover note – Temporary insurance agreement (TIA)

Basic rules	
First premium	The first premium must be enclosed with the application and is payable by: • **Cheque** (must clear on the date the application is signed) • **Pre-authorized debits** (the Pre-authorized Debit Agreement form must be completed and a void cheque and the payer's identity must also be provided) **Payment must clear upon receipt, no exceptions, otherwise term insurance will not be issued.**
When immediate term insurance does not apply due to eligibility criteria	• The premium payment is processed and will serve to activate the contract once it is approved and the investment requirements are received. • The premium is not returned to the client. • No letter is sent to the client.
When immediate term insurance is denied at application	• The premium payment is retained and will serve to activate the contract once it is approved and the investment requirements are received. • No letter is sent to the client.
When immediate term insurance automatically terminates 90 days after the application date	• The premium payment is retained and will serve to activate the contract once it is approved and the investment requirements are received. • No letter is sent to the client.
When immediate term insurance terminates automatically on the date a counter-offer is presented to the advisor (i.e., the client is accepted, but the coverage cannot take effect immediately (investment requirements are needed).	• The premium payment is retained and will serve to activate the coverage once the investment requirements are received. • No letter is sent to the client.

12. VIP cases

Basic rules	
Definition	• Total life insurance amount of $5,000,000 or more: Criteria per insured on one or more contracts (combined contracts) **OR** • Total amount of critical illness insurance of $500,000 or more: Criteria per insured on one or more contracts (combined contracts) **OR** • Annual bonus totalling $15,000 or more: Criteria for one or several policies with the same owner or insured (combined contracts), all products combined. For a universal life product, only the minimum premium will be considered in the calculation. **Note: The application must meet the definition of VIP at the time it is received by New Business, and not following a change during the process (e.g., additional premium).**
Advantages	• A senior underwriter specialized in large-scale contracts is assigned to the file. • Direct access to the underwriter: the underwriter will notify the firm via LifeSuite and the advisor via email that the application is being processed, and will provide contact information for any subsequent communication during the underwriting process. • Priority treatment of Underwriting and New Business at all levels. • Leather dossier for the contract issued. • Contract sent by priority mail (next business day delivery), address permitting. **For administrative questions, MGA staff can contact New Business Partner Services directly (see page 4). Advisors, on the other hand, must always refer to their MGA for all administrative matters**.

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13. Rating, exclusion and postponed cases

Extra premiums and exclusions

Rating

- The contract is automatically issued.
- The extra premiums are displayed in LifeSuite in the Reason and Extra Premiums Table fields.

Exclusion

- The contract is automatically issued.
- In the coverage description in LifeSuite, "With Exclusion" will appear in the Reason for Decision field.

Postponed cases

Definition

- A postponed case occurs when an application is Declined.
- In the coverage description in LifeSuite, "Deferred" will appear in the Reason for Decision field.

Three coverage situations that can be deferred by Underwriting

1. A condition that could satisfy underwriting standards within the next 12 months (maximum).
2. A medical analysis requested by the insured's doctor to be carried out within the next 12 months.
3. An examination result for which a medical analysis is required by the underwriter.

The same deferred coverage situations when results are known and application and requirements are still valid

- The advisor can forward the information to Underwriting along with the contract number. The entire application will be reviewed.
- In the event that the application is accepted by the underwriter, the contract must be implemented before the application and requirements expire. A declaration of good health is required.

The same deferred coverage situations when results are known but the application or requirements are no longer valid, or when the contract cannot be implemented before the expiration date

- A new proposal and new requirements are required.

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14. Reinsurance

Basic rules	
Definition	• This involves Beneva (the ceding company) ceding part of the risk to a specialist company (the reinsurer).
Automatic reinsurance	• Beneva assesses the risk according to the standards accepted by the reinsurer and cedes the portion of the risk (by treaty) to the reinsurer without having to approve each file; the reinsurer assumes that Beneva adheres to the highest selection standards and administrative best practices.
Facultative reinsurance	**For a more favourable decision:** • Beneva uses optional reinsurance when the underwriter wants a more favourable outcome than what is dictated by the underwriting standards in force. • Underwriters will only submit an application for facultative reinsurance when they believe the chances of obtaining a more favourable decision for the client are good. The application is then be submitted to various reinsurers for a quote. The risk is ceded to the reinsurer who submits the best offer. **Risk outside standard reinsurance parameters:** • The file must be submitted to the reinsurer for approval. Regular checks and balances are carried out by reinsurers.
Revoking an offer	• When a rated case was not submitted for facultative reinsurance (in order to obtain a more favourable decision), and the advisor requests it, the underwriter's initial offer can be revoked. • The decision by the reinsurer who submits the best offer will be the final one, even if the outcome is less favourable than the initial offer proposed by the underwriter.

15. Expiration date of medical declarations and requirements

Medical declarations and requirements	Expiration date
Declarations in the insurance application	• Valid for 12 months (after 3 months, a declaration of insurability signed by the insured and the contractowner is required). • Please note that all new insurance must be accompanied by a new insurance application (an application from a previous policy cannot be used).
Paramedical	• Valid for 12 months (after 3 months, a declaration of insurability signed by the insured and the contractowner is required).
Phone interview	• Valid for 12 months (after 3 months, a declaration of insurability signed by the insured and the contractowner is required).
Medical exam	• Valid for 12 months (after 3 months, a declaration of insurability signed by the insured and the contractowner is required).
Urine analysis	• Valid for 12 months
Blood profile	• Valid for 12 months
Electrocardiogram	• Valid for 12 months
Reinstatement form	• Valid for 6 months (after 3 months, a declaration of insurability signed by the insured and the contractowner is required).

Note: Medical evidence is valid for a maximum of 12 months up to age 69, and for a maximum of 6 months as of age 70 (after 3 months, a declaration of insurability signed by the insured and the contractowner is required).

The 12-month period is calculated from the date on which the declaration is signed or the requirement is completed. The requirement must be valid on the date the coverage takes effect or the review is approved. In order to determine whether the requirement must be ordered when sending a request for modification, be sure to allow additional time for application analysis as well as the receipt of investment requirements, if applicable.

Important! An underwriter may request a new declaration or medical requirement at any time.

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16. Multi-life, combined or optional contracts

Basic rules	
Multi-life contract	• The contract is issued once the underwriter makes a decision for all insureds (all insureds are on the same contract). • If the advisor asks to issue the policy for only one insured (while the other insured's file is still awaiting requirements), it will be up to Underwriting to decide whether this is permitted. When the request is approved, the policy is issued. The application of the second insured will continue to be analyzed and will be considered as an addition to the initial contract upon approval.
Combined contract	• The contracts are only issued once the underwriter makes a decision for all policyholders (all contracts with the same issue date for a single delivery by the advisor). • When applications are not pooled, as soon as one of them is approved by Underwriting, it is issued, which means that it is no longer possible to combine contracts.
Optional contract	• Only one optional contract is permitted. • Ideally, the request should be submitted to us along with the application. However, a request for an optional contract can be considered as long as it is received before the initial contract takes effect.

17. Critical illness rider – special offer

Basic rules	
Criteria	• When a client is eligible for class 1, non-smoker on term products, an offer for critical illness coverage may be made to the owner at the underwriter's discretion. • This offer does not apply when the new policy is issued with term life coverage and critical illness coverage.
The offer contains three documents	1. Letter explaining the offer 2. The form with different options available to the client 3. Letter of declaration of good health
Insurance amount	• Coverage is available from $25,000 to $100,000 without evidence of insurability.
Issue age	• The plan's issue age in the illustration software determines eligibility. T10, T75, T100: 18 to 65 years T20: 18 to 55 years T100 released 20 years: 18 to 50 years
Return of premiums options	• Return of premiums on death (available with all plans) • Return of premiums at expiry (available with T10, T20 and T75 plans) • Return of premiums on cancellation or at expiry (available with T75, T100 and T100 paid-up 20-year plans)
How to respond to a critical illness offer	• If the client accepts the offer, Beneva must receive the mandatory requirements within 30 days of the date on which the offer was made (letter to the client): the duly completed form and declaration of good health signed by the client. • The difference in premium. • The illustration.
Effective date of new coverage or contracts	• **Adding coverage to an existing contract:** Contract issue date • **Issuing a new contract:** Date on which the application is signed
Deadline	• Beneva must receive everything (including the premium payment for the new coverage) at most 30 days following the date on which the offer was made to the client, after which time it will be impossible to proceed, no exceptions.

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18. Redating to current date

Redating a contract with or without changes	
Redating a contract without changes	**Criteria for redating an offer included in the contract** • Not an internal replacement. • No age save. • The contract is not in force.
	Two redating options 1. Redating using **checkbox** on the Change to Application or Declaration of Insurability document. 2. Redating using separate page when there is no Change to Application or Declaration of Insurability document.
	Accepting a redating • For the redating option on the Change to Application or Declaration of Insurability document to be accepted, the designated box must be checked and the document duly dated and signed by the owner(s) and insured(s). • For the redating option on a separate page to be accepted, the document must be duly dated and signed by the owner(s). • Applications must be received by the deadline indicated on the New Business Investment Requirements form. • Investment requirements must be received by the deadline indicated on the form accompanying the contract. **The date on which the document is signed is proof that the client authorizes the change of date of the contract. Since no changes are made to the contract, there is no need to return the issued contract. Contracts are never reprinted.**
	Contract redating • The contract is issued on the date the document is signed. • When the document is signed on the 29th, 30th or 31st, the Contract Date will be indicated as the 28th of that month. When the date affects the age used to calculate the premium, the Contract Date will be the day before the change of age in order to maintain the current premium. • When the chosen day corresponds to the activation date, the day will be modified to coincide with the reinstatement date.
	No redating offer included with contract • When the criteria are not met, a redating offer is not included with the contract. However, if redating is requested, the contract must be returned and a new contract must be issued on the day's date or on the date the Change to Application or Declaration of Insurability document is signed, whichever applies.
Redating a contract with changes	**Redating prerequisites** • No immediate term insurance was in force when the insured was accepted by Underwriting. • The contract is not yet in force. • The application must be received by the deadline indicated in the Investment Requirements form. • Investment requirements must be received by the deadline indicated on the form accompanying the contract. **To avoid a rider, we suggest that the application be dated and signed by both the insured and the owner. If a cheque or pre-authorized debit accompanies the request, a quick activation can follow.** **Important!** Some changes require Underwriting and/or the reinsurer to take action (e.g., change of amount, change of product). In such a case, the processing time begins on the date of receipt by Contract Issuance.
Special features	• The product must still be available on the new Contract Date. • When a Change to Application (rider) or Declaration of Insurability is required, the new contract date will be the date on which the document(s) was/were signed by the client. When the document is signed on the 29th, 30th or 31st, the Contract Date will be indicated as the 28th of that month. • Postdated cheques are not accepted. • Contracts are never postdated.
Service standards	• New contracts are mailed within three business days (excludes processing time at Underwriting, if any).

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19. Contract backdating (to save age)

Basic principle

Backdating a contract is permitted to reduce the insured's age for premium calculation purposes only.

Maximum backdating date allowed, by product		
Product	**New activation date following backdating**	**Special features**
Permanent Life (section C1 of the application)	• Maximum 6 months before the original activation date.	• Following backdating, when the critical illness coverage is requested, a rider must be added to the contract.
Term Life (section C2 of the application)	• Maximum 6 months before the original activation date.	• Following backdating, when the critical illness coverage is requested, a rider must be added to the contract.
Tempo Plus Life Insurance (section C3 of the application)	• Maximum 6 months before the original activation date.	• Following backdating, when the disability and/or critical illness coverage is requested, a rider must be added to the contract.
Critical illness insurance (section C4 of the application)	• Maximum 3 months before the original activation date.	• Following backdating, a rider must be added to the contract.
Universal Life Insurance (section C5 of the application)	• Maximum 6 months before the original activation date.	• Following backdating, when the critical illness coverage is requested, a rider must be added to the contract.

Basic rules	
Eligibility criteria	• The product has to be available on the new requested date. • Not an internal replacement. • The customer had to be eligible for the product upon signing the application. • All premiums must be paid on the new issue date.
Automatic backdating	• In order to save age, contracts are automatically backdated up to a maximum of 30 days from the issue date. This is not done in the illustration because the age is not saved there.

20. Change to contract retroactive to issue date

Contract status	Prerequisites	Special features
Not in force	• The request must be received by the deadline indicated on the Investment Requirements form. • To avoid a rider, we suggest that the application be dated and signed by both the insured and the owner. • If a cheque or pre-authorized debit accompanies the request, a quick activation can follow.	• None
In force	• Contract returned within 30 calendar days of the effective date. The following changes may be retroactive: • increase or decrease in insurance amount • change or removal of coverage The following can be added by Contract Administration, even when received before the 30-day deadline: • life and critical illness* coverage • an insured* to the policy • a disability rider* The change will be made on the premium payment date (calendar date) closest to the Underwriting approval date. However, the effective date of the change cannot be earlier than the date on which the application (form) is signed. • 30 days after the effective date, all change requests must be forwarded to Contract Administration.	• Some changes require Underwriting and/or the reinsurer to take action (e.g., change of amount, change of product). In such a case, the processing time begins on the date of receipt by Contract Issuance.

Basic rules	
Service standards	• New contracts are mailed within three business days (excludes processing time at Underwriting, if any).

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21. Investment requirements

Basic rules	
Deadline	• All investment requirements must be received within 45 days of the mailing date. This period may be shorter depending on the expiration dates of the declarations/requirements received. • The deadline is indicated on the New Business Investment Requirements form that accompanies the contract as well as in the Issue and Implementation Requirements screen in Ingenium.
Receipt of requirements	• As long as the requirements are received by the deadline, the contract will take effect on the business day following receipt.
Effective date (start of coverage)	• When a Change to Application or Declaration of Insurability is part of the investment requirements, the effective date of the contract cannot be earlier than the date on which the document is signed. • When a Change to Application or Declaration of Insurability is not part of the investment requirements, the effective date of the contract will be the date the requirements are received by Beneva.
Required premiums	• Premiums must be paid on the date a contract is issued. This means that it is possible that more than one premium can be deducted upon receipt of investment requirements or within a short period of time thereafter.
Change of information or new information	• All new information received and all changes will be subject to a new insurability analysis before activation.
File closure	• When all requirements are not received by the deadline, the underwriter's offer ceases to be valid and the file is closed without notice.
Requirements received after closure	• A new analysis is performed to determine whether the application can be activated. A declaration of insurability may be required. **To avoid unnecessary delays, please respect the deadline indicated on the New Business Investment Requirements form attached to the contract.**

22. New business premium

Payment of first premium with application	
Special features	• Three options are available (choose only one)
Option 1	• **Cheque payable to Beneva Inc.** – Payment upon receipt of application – The cheque must clear on the date the application is signed.
Option 2	• **Pre-authorized debits** – Payment upon receipt of application The Pre-Authorized Debit Agreement form must be completed and a void cheque and the payer's identity must also be provided.
Payable upon delivery of investment requirements	• When this option is selected, the payment will be cashed in upon receipt of the investment requirements.
Payment at contract inception	• When this option is selected, payment is cashed in upon acceptance as long as the only investment requirement is the premium.

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22. New business premium (cont'd)

Payment of first premium with application	
Special features for Universal Life	**Billable premium** • When the billable premium amount is not specified in the application, the one shown in the illustration applies. **Payment received with application** • Payment will be processed on the date of receipt. • The deposit will be credited to the contract on the effective date. When the issue date is prior to the effective date: – The minimum premium will be applied retroactively on the issue date to cover the cost of insurance. – The balance of the deposited amount will be applied on the effective date, depending on the investment vehicle selected (start of yield). **Payment received with investment requirements** • The deposit will be credited to the contract on the effective date. When the issue date is prior to the effective date: – The minimum premium will be applied retroactively on the issue date to cover the cost of insurance. – The balance of the deposited amount will be applied on the effective date, depending on the investment vehicle selected (start of yield).

23. Pre-authorized debits – Day of withdrawal

Pre-authorized debits – Day of withdrawal – Traditional and Universal Life	
Traditional	• Unless otherwise specified on the application, the pre-authorized debit day will be the same as the contract date. • By indicating a specific day on the application, two premiums could be debited from a client's account within a short period of time. **Example:** The contract date is September 28, but the client chose the 1st as the pre-authorized debit date. If the first premium is received when the contract takes effect on or around mid-October, we will immediately debit the premium to cover September 28 as well as the premium for the month of October, since October 1 will have already passed. It is recommended to not indicate a specific debit date on the application.
Universal Life	• The debit date must be on or before the policy anniversary date. The funds must be deposited in the contract before the cost of insurance is deducted. **Example:** A contract issued on February 4 cannot have a pre-authorized debit day on February 15. The pre-authorized debit must be made on either February 1, 2, 3 or 4. If the debit day selected is after the contract issue date, then the debit day will be automatically changed to match the contract issue date.

24. Determining the existence of a third party (Universal Life)

Determination of the existence of a third party and identification of the third party, if applicable	
Determining the existence of a third party	• In accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations, the financial security advisor/representative must complete the *Third Party Determination* section of the application and take reasonable steps to determine: – whether a third party is involved in the insurance contract, – whether the owner(s) is (are) acting on behalf of a third party (individual, legal entity or other type of entity), – whether a third party pays for this insurance contract, or – whether a third party has use of or access to the value of the insurance contract.
Third party identification (if applicable)	• When the financial security advisor/representative determines or suspects the existence of a third party who may have an interest in the contract, or when the premium payor is a person or entity other than the owner(s), the advisor/representative must provide information on the third party by completing the Third Party Identification section of the application.

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25. Verifying the existence (identity) of legal entities and other entities (Universal Life)

Verifying the existence of entities: form and additional documents required	
Required form	• When the owner is a corporation or other type of entity and the coverage applied for is Whole or Universal Life, the *Confirmation of Existence (identity) of Corporations and Other Entities* form is required.
Required documents	• A duly completed and signed *Confirmation of Existence (identity) of Corporations and Other Entities* form. • In the case of a legal person or corporation, the certificate of incorporation and documents confirming the active directors and persons directly or indirectly in control of the corporation or entity are required. • Please refer to the form for details of the documents required depending on the type of entity: – **active** legal person or corporation – **passive** legal person or corporation (including trusts and estates) – Non-profit organizations

26. Declaring residence for tax purposes by the owner(s) (self-certification) (Universal Life)

Declaration of residence for tax purposes of owner(s) (self-certification) (Whole Life and Universal Life)	
Individual owner	• Each owner (individual) must confirm whether they are a resident of Canada and/or a jurisdiction **other than** Canada and the U.S. for tax purposes. • When the owner is a resident of a jurisdiction **other than** Canada and the U.S. for tax purposes, the *Declaration of Residence for Tax Purposes (Self-Certification) – Individual* form is mandatory.
Entity owner	• The authorized signatory of the entity must confirm: – whether the entity is a resident of Canada and/or a jurisdiction **other than** Canada for tax purposes **and** – whether each person controlling the entity is a resident of Canada and/or a jurisdiction **other than** Canada for tax purposes. This information must be validated on the *Confirmation of Existence (identity) of Legal Persons and Other Entities* form, or on the *Declaration of Residence for Tax Purposes (Self-Certification) – Entity.*

27. Confirming the identity policyholder(s) and owner(s)

Confirmation of identity of policyholder(s) and owner(s)	
Insured(s) **All coverage**	• The financial security advisor/representative must always verify the identity of each insured, for all types of coverage.
Owner(s) **Whole and Universal Life**	• According to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act,* the financial security advisor/representative must verify the identity of each owner of Whole and Universal Life coverages. – **For UL insurance**: If the owner of the contract is different from the insured, the financial security advisor/representative must confirm the identity of each contract **owner** as required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.
Information required about the auditing document	• The advisor must indicate how the identity of each insured was confirmed (at all times for all products) and of each owner (for UL, when different from the insured).

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28. Right to request examinations

Basic rules	
Our policy (based on the contract)	• The owner is given a period of 10 calendar days from the issue date to review the contract. • During this period, the owner may terminate the contract by sending written notice to that effect along with the contract. As long as the notice is received by the deadline, all premiums paid will be refunded.
Setting a contract delivery date	• **If the contract takes effect without investment requirements** – 30 calendar days from the issue date of the contract (information in Ingenium). • **When the contract was put into effect following receipt of the investment requirements** – 10 (calendar) days from the date on which the rider or Declaration of Insurability form was signed (date of signature confirms issue date). When neither the rider nor the Declaration of Insurability form are signed, the date appearing on any other document (e.g., date on the cheque) will be considered the contract issue date. Beyond these deadlines, there is no right of review. The request for cancellation, redating or modification will be processed in accordance with the procedures in force at the time. **Note**: When the contract issued is not yet in force and a modification is requested, refer to the *Change of Coverage Retroactive to Issue Date* section.

29. Transmission of information to a third party

Basic rules	
Sending test results to the client's doctor	**If insurance is denied based on the results of the tests ordered** • We automatically send the test results to the client's doctor (unless the content is highly confidential). • Allow five business days following the underwriter's decision. **If the risk requires an extra premium** • An email request from the advisor/MGA will suffice since the authorization is already in the application. • Allow five business days from receipt of the request.
Sending the justification to the client's doctor (extra premium or denied)	• Written authorization from the client (signed and dated) is required. • Allow five business days from receipt of the request. • A confirmation will be sent via LifeSuite (e.g., a letter from the underwriter to the doctor). • In order to reduce the risk of misinterpretation, the information is always given directly to the client's doctor, not the client.
Forwarding documents to another insurer	• The other insurer must provide us with the client's authorization to do so. • We will forward any information we have on file on the date the request is received. **Important!** Please note that if certain requirements are still pending, we will advise the other insurer to submit a new application at a later date. • Allow five working days from receipt of request.
Requesting documents from another insurer	• In general, we cannot use the paramedical (or medical) questionnaire that is used as part of an insurance application with another insurer, as content varies. Please note that we have no control over the receipt of requirements requested from another insurer.

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About Beneva

Created by the coming together of La Capitale and SSQ Insurance, Beneva is the largest insurance mutual in Canada with more than 3.5 million members and customers. Beneva employs over 5,000 dedicated employees: people looking out for people. Its human approach is rooted in mutualist values that are shared by its employees. With $26.8 billion in assets, Beneva positions itself as a major player in the insurance and financial services industry.

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