

# POLICY ADMINISTRATION (10/2026)

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**In the event of a discrepancy between the following guidelines and the contract provisions, the contract provisions prevail.**

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## ASSIGNMENT OF POLICIES

(05/2014)

The following disability policies cannot be assigned: Disability Buy Sell, Key Person Protector and Retirement Protector.

For all other policies, an [Absolute Assignment Form](#) is required.

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## **ASSIGNMENT OF RETURN OF PREMIUM (ROP) BENEFITS ON CRITICAL ILLNESS POLICIES**

### **ASSIGNMENT OF RETURN OF PREMIUM (ROP) BENEFITS ON RBC® CRITICAL ILLNESS INSURANCE POLICIES**

(10/2026)

The Return of Premium benefits are payable to the policy owner under the terms of the contract. In the event of the policy owner's death, the ROP benefits will be made payable to the policy owner's estate.

Effective October 1, 2026, on policies issued under the new RBC® Critical Illness Insurance plan, policy owners can name a beneficiary for return of premium benefits if the owner lives in a province where beneficiaries can be named on living benefits products (BC, AB, SK, MB, ON, QC).

If the owner lives in a province or territory where beneficiaries cannot be named (NB, NS, PEI, NFL, YT, NT, NU), then the policy owner can name a recipient for return of premium benefits. A recipient designation ceases to be valid upon the death of the policy owner. For this reason, it does not make sense to name a recipient for an ROP on death benefit if the policy owner is also the insured.

**For policies issued under the RBC Critical Illness Recovery Plan series, please refer to the guidelines below:**

(05/2014)

The Return of Premium benefits are payable to the policy owner only and cannot be assigned. In the event of death, the benefit will be made payable to the policy owner's estate.

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## AUTOMATIC INCREASE BENEFIT (AIB)

(April 29, 2019)

The Automatic Increase Benefit was a renewable benefit available under the Paul Revere portfolio. This benefit was discontinued effective January, 1996.

AIB increases due during a period of claim will be added to the policy. However, the increased amount will only be payable on new disabilities and will not affect payments under the current claim.

The AIB renews every five years and renewal is subject to medical and financial underwriting, occupation class maximums, Issue and Participation Limits and underwriting guidelines in effect at that time. An insured is eligible to apply for renewal if he/she is under age 60 and has had no claims.

### Requirements for renewal

- Application for Reinstatement &/or Policy Change
- Proof of income for the last complete fiscal period (full financials, T1, T4, as applicable)

### Renewal Period

Renewal can be applied for 60 days prior to or 31 days after the last AIB increase.

### Maximum Issue & Participation

AIB renewal is subject to the class and coverage limits of the occupational class in effect at the time of renewal, not the limits for the occupational class at time of issue (i.e. a dental hygienist would be subject to class B Issue and Participation Limits; a dentist in general practice would be subject to class 3A Issue and Participation limits).

The AIB will not be available at renewal date if the total in force and pending coverage with all companies exceeds the Issue and Participation Limits (refer to the [Underwriting Guidelines](#) – Financial Underwriting and Requirements – Issue and Participation Limits – individual disability).

### FIO and AIB Increases

When an FIO increase is being applied for with the same effective date as the AIB increase, the AIB increase will be deemed to be processed first and will be considered in existence when the FIO is financially underwritten, unless there is written refusal of the AIB in our file.

### Maximum AIB amount available

The new AIB amount will be up to a maximum of 3% of their current benefit, subject to the following maximum limits:

|               |   |       |
|---------------|---|-------|
| Class 4A      | = | \$300 |
| Class 3A      | = | \$250 |
| Class 2A      | = | \$200 |
| Classes A & B | = | \$150 |

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## BENEFICIARY CHANGE

(10/2026)

### Disability Insurance

To change the beneficiary, a [Beneficiary Change Request – Disability Insurance form](#) must be submitted.

The beneficiary designation applies only to disability policies that contain a “Survivor Benefit” and/or the Accidental Death and Dismemberment Benefit Rider.

### Critical Illness Insurance

To change the beneficiary/recipient, a [Beneficiary/Recipient – Critical Illness form](#) must be submitted.

Not all provinces permit the naming of a beneficiary on Critical Illness insurance. In those provinces that do not permit the naming of a beneficiary, a recipient can be named instead. The main differences between recipient designations and beneficiary designations is that recipient designations are always revocable and cease to be valid upon the death of the policy owner.

On policies issued under the RBC® Critical Illness Insurance plans that launched October 1, 2026, the policy owner can name a beneficiary or recipient for all benefits.

On policies issued under the RBC CI Recovery Plan after 2014, the policy owner can only name a beneficiary/recipient to receive the base Critical Illness benefits. All return of premium benefits are payable to the owner of the policy and cannot be assigned to a beneficiary/recipient. In the event of the owner's death, the benefits will be paid to the policy owner's estate

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## BILLING METHODS

(05/2014)

### Individual Billing: annual and semi-annual payments

Premium notices are mailed to the policy owner prior to the premium due date.

### Pre-authorized Debit Plan (PAD)

This plan allows the premium due to be withdrawn monthly directly from the insured's bank account. The applicant must sign an authorization permitting us to draw directly from his/her bank account. The monthly payment must be at least \$10 and the payment may include premiums for more than one policy. PAD withdrawals are available on the 1st to 28th of each month. [Pre-Authorized Debit Agreement](#)

### Multiple Billing

This is a plan which enables the company to bill the premiums due for policies of employees (minimum of 3 lives) of one employer. Annual and monthly payments are available.

All policies under a multiple billing must have the same Agent of Record as policy data will be shared for all policies in the group.

Dating new multiple billing cases: We have standardized all multiple billing cases to have the premiums debited on the 1<sup>st</sup> of the month only.

Additions to an existing multiple billing cases: All additional policies issued on existing Multiple Billing cases will be dated the next billing date following the date the policy is issued.

If the employer wishes to pay by pre-authorized debit, a [Corporate Pre-Authorized Debit Agreement](#) (PAD) must be completed and signed by a director or officer of the company, allowing us to debit their account monthly.

### Administrative responsibility

When submitting an application that is part of a multiple billing, the application should clearly indicate that it is a "multiple billing" case.

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## **BUSINESS OVERHEAD EXPENSE (BOE) – EXCHANGE PRIVILEGE**

(05/2014)

Prior to age 60, an individual insured under our current Business Overhead Expense plan can request an exchange of his or her policy to a substantially equivalent individual disability policy subject to the following:

- The policy is then in force; and
- A new application is completed (without the Part 2 medical section); and
- The Insured is not disabled at the time.

### **Benefit Amount**

The insured can elect the monthly amount of the benefit under the new policy but that monthly benefit amount cannot exceed the lesser of:

- \$5,000 or
- The Maximum Covered Monthly Expense Benefit shown on the Policy Schedule.

### **Plans Available**

Foundation Series contract if the BOE contract does not include a Residual Benefit Rider.  
Professional Series contract only if the BOE contract includes a Residual Benefits Rider.

### **Benefit Period**

Maximum 2 years

### **Elimination Period**

Will be the same as the original policy, unless it had a 15-day EP, in which case the policy will be issued with a 30-day EP. A longer elimination period can be requested.

### **Additional Monthly Indemnity**

If the BOE has an Additional Covered Overhead Expense rider, then this portion will be converted to an additional monthly indemnity (AMI) with a six month benefit period.

### **Optional Benefits**

If the BOE policy contains an HIV rider or Health Care Profession Benefit, it will be included under the new policy. No other optional benefits (including the Disability Long Term Care Conversion Option) can be included under the new contract.

### **Underwriting**

The request is financially underwritten and all financial underwriting rules apply. In no event can the monthly amount of the benefit and all other in force disability coverage exceed our Issue and Participation limits in effect at the time of the request. Proof of income will be required.

### **Premium**

Coverage will be issued at the original age and class and discount as of the date of issue of the BOE policy. In the event that the BOE policy was issued with smoker rates and the insured is now a non-smoker, smoker rates will apply unless medical evidence is submitted to allow a change to non-smoker rates.

**Dating**

The date of issue of the new policy will be the date the new application is received in Head Office.

**Exclusions/ratings**

Any exclusions and/or ratings on the original BOE policy apply to the new policy

**Incontestable Clause**

The Incontestable clause in the new policy will only apply to material statements made on the application to exercise the exchange privilege.

**Commissions**

No producer compensation is payable.

**Policy change discount**

No policy change discount applies.

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## **COST OF LIVING ADJUSTMENT (COLA)**

(05/2014)

### **BENEFIT PURCHASE OPTION – OPTION TO PURCHASE THE INCREASED AMOUNT (RBC Riders H1001, H1002, H1006, Bridge Series COLA)**

The insured has the option to purchase the increased amount of the monthly benefit applied during disability without medical or financial evidence, based on the following criteria:

- The insured has returned to a gainful full-time occupation; and
- The insured has not attained 60 years of age; and
- The insured submits a written request to exercise the increase option within 90 days of the end of the period of disability for which COLA benefits were received.

Rates for the increased coverage are based on current age and current rates. The increase will take effect within 31 days after we receive the insured's request.

The increase will not apply if the insured is receiving benefits under the Recurrent Disability provisions of their policy and will apply to new total disabilities that occur after the effective date.

Any questions about this option should be directed to the Life & Health Claims Department or Customer Service.

### **BENEFIT PURCHASE OPTION/OPTION TO INCREASE MAXIMUM MONTHLY AMOUNT (PAUL REVERE)**

This option was introduced in May, 1985, on certain Paul Revere COLA benefits. It allows the insured who has been on claim and received a COLA adjustment to their monthly indemnity to purchase the increased amount of the monthly benefit without medical or financial evidence, based on the following criteria:

- The insured has returned to a gainful full-time occupation; and
- The insured has not attained 60 years of age; and
- The insured submits a written request to exercise the increase option within 90 days of the end of the period of disability for which COLA benefits were received.

Rates for the increased coverage are based on current age and current rates.

The increase will take effect within 31 days after we receive the insured's request.

The increase will not apply if the insured is receiving benefits under the recurrent disability provisions of their policy and will apply to new total disabilities that occur after the effective date.

Any questions about this option should be directed to the Life & Health Claims Department or Customer Service.

### **MAXIMUM PERCENTAGE INCREASE OPTION (PAUL REVERE H1004 & H1007 Riders)**

- The 4% COLA (H1004) and the 7% COLA (H1007) contain a maximum percentage increase option. These benefits were no longer available on new Paul Revere policies effective January, 1996.
- The maximum percentage increase option permits the insured to increase the maximum percentage from 4% to 7% or 10% or to increase the 7% to 10%, without evidence of insurability.
- This increase is available on any policy anniversary date up to that date which follows the insured's 60th birthday.
- The request must be made within 60 days before or 31 days after a policy anniversary date.
- The insured must request the increase in writing and the increase will be effective on the later of the option date or the date of the request.

- The increase is available during a period of disability; however, the increase will apply only to a period of separate, total disability which starts after the effective date.
- The premium for the increased percentage will be calculated at attained age using the change in the maximum percentage and our current premium rates.
- The new premium must be paid within 31 days of the effective date, unless premiums are being waived on the effective date.
- Any questions about this option should be directed to the Life & Health Claims Department or Customer Service.

#### **QUALIFIED RIGHT TO INCREASE MONTHLY BENEFIT LIMIT TO ADJUSTED AMOUNT (PROVIDENT)**

- This provision is no longer available.
- Following a return to work from a disability during which a COLA adjustment was made to the monthly benefit amount, an insured may choose to increase the basic monthly benefit limit to the amount of the last COLA-adjusted benefit limit.
- This option must be requested by the insured within 90 days after the period of disability ends and is available prior to the insured's 60th birthday if he/she is actively and gainfully employed on a full-time basis.
- The effective date of the increase will be the first of the month following approval and the premium for the increase must be paid within 31 days.
- The premium for the increase will be based on the insured's age and the premium rates in effect at the time of the increase.
- The increased level of benefits will apply to new periods of disability which start after the effective date of the increase.
- Any questions about this option should be directed to the Life & Health Claims Department or Customer Service.

**For Benefit Purchase Options that may be available under any other COLA rider, please refer to the provisions of the specific rider. Please contact the Life & Health Claims Department or Customer Service.**

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## CRITICAL ILLNESS (CI) LONG TERM CARE (LTC) CONVERSION OPTION

(October 1, 2026)

The LTC conversion option was introduced in 2007 and made available on **Critical Illness Recovery Plans** only. This option is not available on the **RBC Critical Illness Insurance** plans that launched October 1, 2026.

The LTC option allows the policy owner to convert all of, or a portion of, their critical illness coverage to a long term care policy being offered by RBC Life Insurance Company at that time.

The Critical Illness Long Term Care Conversion Option is underwritten at time of application and may be excluded from the contract.

### Long Term Care Policy Provided

The LTC policy provided will be the version of LTC insurance designated and made available for conversion options in accordance with our published conversion rules in effect at the time the option is exercised.

### Eligibility for Conversion

- Written application for conversion must be received no earlier than the policy anniversary at the insured's attained age 55 and no later than the policy anniversary at the insured's attained age 65; and,
- The CI policy must be in force at the time the application for conversion is made; and,
- The CI policy must have been continuously in force for at least 24 months prior to the date of application for conversion; and,
- At the time application for conversion is made, the premiums are not being waived under the policy if a rider providing waiver of premium benefits is shown on the Schedule of Benefits and Premiums or any amendment to this policy; and,
- At the time application for conversion is made, the insured is not satisfying a survival period; and,
- At the time application for conversion is made, a claim for a critical illness benefit is not pending or payable; and,
- At the time application for conversion is made, the insured is not unable to perform 2 or more activities of daily living; and,
- At the time application for conversion is made, the insured is not cognitively impaired.

### Full or Partial Conversions & Maximum Amount of LTC Coverage Available

The policy owner can request conversion of all of the critical illness benefit or, subject to our consent, conversion of a partial amount of the benefit.

Any amount of the critical illness benefit that is not converted may continue in force only if the remaining premium and coverage amount satisfy our administrative rules for plans of this type. The premium rates for any critical illness benefit remaining may also change, as determined by us, depending on our administrative rules for plans of this type. Otherwise, the critical illness benefit will terminate on the effective date of the conversion.

If a partial conversion is elected, the maximum amount of long term care insurance coverage available will coincide with the amount of the critical illness benefit being converted as shown in the table below.

Partial conversions can continue to be exercised until the maximum amount of long term care coverage, based on the original amount of the critical illness benefit prior to any conversions, has been exercised.

The amount of long term care insurance coverage available is dependent on our issue and participation limits and the critical illness benefit in force at the time of conversion as shown in the following table:

| CI coverage at time of application for conversion | Maximum amount of LTC coverage available |
|---------------------------------------------------|------------------------------------------|
| Less than \$25,000*                               | \$80 per day or monthly equivalent*      |
| \$25,000 – \$99,000                               | \$110 per day or monthly equivalent      |
| \$100,000 – \$249,000                             | \$150 per day or monthly equivalent      |
| \$200,000 – \$2,000,000                           | \$200 per day or monthly equivalent      |

\* Only available on Term 65 Guaranteed Renewable and Term 75 Guaranteed Renewable plans.

### **Maximum Amount of LTC Coverage Available via Conversion**

The converted LTC policy will have a benefit that, when combined with all other long term care benefits converted by us, from all types of insurance policies covering the insured, does not exceed a cumulative amount of \$200 per day or the monthly equivalent.

### **Issue & Participation Limit**

The cumulative amount of \$200 per day allowed under all converted LTC policies with RBC, combined with all other in force LTC coverage (with other insurers or non-converted LTC policies with RBC), cannot exceed our Issue & Participation Limit of \$300 per day.

### **Effective Date of the Converted LTC Policy**

The effective date of the converted LTC policy will be the date of the monthly policy anniversary following the date of receipt of the conversion application at our Head Office.

### **Evidence of Insurability**

Any evidence of good health and insurability that was submitted in application for, or on reinstatement of, the critical illness insurance policy, will be relied upon in issuing, and will be deemed to form part of, any long term care insurance policy issued.

### **LTC Policy Options and Optional Benefits or Riders**

LTC policy options and optional benefits or riders will be subject to our published conversion rules in effect at the time of conversion.

### **The LTC Optional Benefits available on conversion**

- Home Care Benefit (cannot exceed the daily facility care benefit amount selected)
- Cost of Living Adjustment
- Return of Premium on Death

### **LTC Optional Benefits not available on conversion**

- Future Purchase Option

### **Rates**

The premium for the long term care insurance policy will be based on the rates in effect at the time of conversion, using the insured's attained age at the date we receive the conversion application at our Head Office.

### **Converted LTC Policy and Definitions of Cognitive Impairment and Activities of Daily Living**

The converted LTC policy may contain definitions of cognitive impairment and activities of daily living that are different than the definitions contained in the CI Long Term Care conversion amendment.

### **Replacement Forms**

Replacement forms are required where applicable.

### **Policy change discount**

No policy change discount applies.

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## CRITICAL ILLNESS (CI) CONVERSION OPTION

(October 1, 2026)

### Conversion privilege (built into most CI Term plans)

Without any medical evidence, the insured can convert their Term RBC® Critical Illness Insurance or Critical Illness Recovery Plan policy to similar coverage under one of our level premium Critical Illness policies available at time of conversion provided the original policy is in force at the time of conversion, premiums are not being waived under the disability waiver of premium rider on the policy being converted, the insured is not satisfying a survival period, and a claim for the critical illness benefit is not pending or payable. The insured person must not be older than the maximum issue age for the new CI policy that is available when the conversion application is received. Written application for conversions of a policy issued under the **CI Recovery Plan** to a new RBC® Critical Illness Insurance plan must be received by RBC no later than the policy anniversary at the insured's attained age sixty-five.

Following conversion to a new critical illness policy:

- Any rider issued on the original Term plan may be carried forward provided the rider is still available at the time of application;
- Any extra premium ratings and/or exclusions in the original Term plan will apply to the converted policy;
  - The premium for the new policy will be based on our rates in effect at the time of conversion, using the insured's attained age at the time of the application for conversion; and
  - The option date to exercise an early return of premium on surrender will be reset and recalculated from the effective date of the new policy.
- The addition of ROP riders at time of conversion is allowed

### Partial conversions

The policy owner may apply for a partial or total conversion but the total conversion amount cannot exceed the benefit amount of the original policy. The new level-premium policy must have a benefit amount that is at least the minimum required for the new policy.

For policies issued under the **RBC® Critical Illness Insurance** product line, the non-converted portion or the CI benefit amount will remain in effect under the original policy.

For policies issued under the **CI Recovery plan** product line, any amount of the term plan that is not converted will terminate on the effective date of conversion.

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## CRITICAL ILLNESS (CI) EXCHANGE OPTION

(October 1, 2026)

### Exchange privilege (built into RBC® Critical Illness Insurance plans that launched October 1, 2026)

Without any medical evidence, the insured can exchange their Term 10 or Term 15 RBC® Critical Illness Insurance policy to a Term 15 or Term 20 critical illness policy available at time of exchange provided the original policy is in force at the time of exchange, premiums are not being waived under the disability waiver of premium rider on the policy being converted, the insured is not satisfying a survival period, and a claim for the critical illness benefit is not pending or payable. The insured person must not be older than the maximum issue age for the new CI policy that is available when the exchange application is received.

Following exchange to a new critical illness policy:

- Any rider issued on the original Term plan may be carried forward provided the rider is still available at the time of application;
- Any extra premium ratings and/or exclusions in the original Term plan will apply to the exchanged policy;
- The premium for the new policy will be based on our rates in effect at the time of exchange, using the insured's attained age at the time of the application for exchange; and
- The option date to exercise an early return of premium on surrender will be reset and recalculated from the effective date of the new policy.
- The addition of riders at time of exchange is not allowed

### Partial exchanges

The policy owner may apply for a partial or total exchange but the total exchange amount cannot exceed the benefit amount of the original policy. The new term policy must have a benefit amount that is at least the minimum required for the new policy.

For partial exchanges, the non-exchanged portion of the CI benefit amount will remain in effect under the original policy.

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## DISABILITY BUY SELL – CONVERSION PRIVILEGE

(05/2014)

**This is an underwriting guideline and is not a contractual obligation.**

If the Insured partner becomes more than 90% owner of the business, he or she may request an exchange of his or her Disability Buy Sell policy for a disability insurance policy, such as the Professional Series, Foundation Series, Bridge Series or Fundamental Series.

The conversion is subject to the following:

- A new application (without the medical section completed), is required; all authorizations must be completed and signed since financial underwriting is necessary;
- The exchange must be requested prior to the Insured's 60th birthday and while the policy is still in force;
- The request is financially underwritten and all financial underwriting rules apply. In no event can the monthly amount of the benefit and all other in force disability coverage exceed our Issue and Participation limits in effect at the time of the request;
- Proof of income will be required;
- The monthly benefit cannot exceed \$1,000;
- The benefit period will be 24 months;
- The elimination period will be a minimum of 90 days but a longer elimination period may be requested;
- The premiums will be based on our rates in effect on the date of exchange for the Insured's attained age and the policy issued with current dating;
- The insured's occupational classification will be the same as for the replaced Buy Sell policy;
- The new policy will only cover disability or other loss that begins after the new policy takes effect;
- The new policy will contain all the same exclusions and limitations as the replaced Buy Sell policy;
- The owner of the policy will be the Insured.

### **Optional Benefits**

No optional benefits (including the Health Care Profession Benefit or Disability Long Term Care Conversion Option) are available under the new contract.

### **Policy change discount**

No policy change discount applies.

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## DISABILITY BUY SELL – TRANSFER PRIVILEGE PROVISION

(05/2014)

If the person insured under the Buy Sell policy stops active full-time work in the business, we will issue a new policy providing identical coverage, without medical underwriting, if:

- The person insured is under age 55 when his policy coverage terminates; and
- The person insured is not totally disabled and has not received benefits under the policy; and
- The person insured begins full-time work in a business and owns no more than 90% of that business; and
- The new business and the person insured meet our underwriting requirements (except for the person insured's medical insurability); and
- The proposed new owner and the insured complete an application for coverage (without the medical section completed) within 90 days after the policy terminates.
- The maximum business purchase amount will be the lesser of the amount for which the person insured's interest in the new business qualifies him or her, or the amount of the policy being terminated.
- The elimination period for the new policy cannot be less than the policy being terminated.
- The policy will contain all the same exclusions and limitations as the terminated policy.
- The new policy will be issued at the original age and original rates of the terminated policy.

### **Policy change discount**

No policy change discount applies.

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## DISABILITY LONG TERM CARE (LTC) CONVERSION OPTION

(March 31, 2022)

Introduced August 5, 2008 and available on the Professional Series, Quantum Series, Foundation Series and Bridge Series policies, this option allows conversion of all or part of the monthly total disability (DI) benefit coverage to be converted, without medical evidence, into a new Long Term Care (LTC) policy.

The Disability Long Term Care Conversion Option is underwritten at time of application and may be excluded from the contract.

### Long Term Care Policy Provided

The LTC policy provided will be the version of LTC insurance designated and made available for conversion options in accordance with our published conversion rules in effect at the time the option is exercised.

### Eligibility for Conversion

- Written application for conversion must be received no earlier than 60 days prior to the policy anniversary nearest to the insured's 55<sup>th</sup> birthday, and no later than the policy anniversary nearest the insured's 65<sup>th</sup> birthday; and,
- The DI policy must be in force at the time the application for conversion is made; and,
- The DI policy must have been continuously in force for at least 24 months prior to the date of application for conversion; and,
- At the time application for conversion is made, the insured is not disabled and has not received benefits or submitted a claim under the policy at any time during the previous 12 months; and,
- At the time application for conversion is made, the insured is able to perform, without assistance from another adult person, 5 or more Activities of Daily Living; and,
- At the time application for conversion is made, the insured is not cognitively impaired.

### Conversion Formula & Maximum Conversion Amount

- The monthly total disability benefit provided by the DI policy can be converted all, or in part, as follows: \$33 per day, or monthly equivalent, of Long Term Care Facility Benefit for each \$1,000 of total disability benefit converted.
- The maximum amount of total disability coverage that can be converted is \$6,000, for \$200 per day, or monthly equivalent, of Long Term Care Facility Benefit.
- The converted LTC benefit amount will be rounded up to the nearest \$10 per day.
- Partial conversions may be exercised as long as a minimum of \$1,000 per month total disability benefit is converted per partial conversion.
- The DI policy's monthly benefit amount will be automatically reduced, effective the date that the LTC policy becomes effective.
- Any amount of monthly disability benefit that is not converted may continue in force only if the remaining premium and monthly benefit amounts satisfy our published underwriting guidelines for minimum premium and monthly benefit amounts, in effect at the time of conversion. Otherwise, the DI policy will terminate on the date the LTC policy becomes effective.
- Monthly total disability benefit amounts that were added to the policy after the effective date of the policy cannot be converted until they have been continuously in force at least 24 months.

### Effective Date of the Converted LTC Policy

The effective date of the converted LTC policy will be the date of the monthly policy anniversary following the date of receipt of the conversion application at our Head Office.

**Effective Date of Coverage**

The converted LTC policy will not become effective if the insured becomes disabled before the effective date of the LTC policy.

**Evidence of Insurability**

Evidence of insurability that was used in the decision to issue or reinstate the DI policy and evidence of insurability provided at the time of application to exercise the conversion option will be deemed to form part of the converted LTC policy.

**Minimum Premium & Coverage Amount**

The minimum premium and coverage amounts in effect at the time of conversion will apply.

**Maximum Amount of LTC Coverage Available via Conversion**

The converted LTC policy will have a benefit that, when combined with all other long term care benefits converted by us, from all types of insurance policies covering the insured, does not exceed a cumulative amount of \$200 per day or the monthly equivalent.

**Issue & Participation Limit**

The cumulative amount of \$200 per day allowed under all converted LTC policies with RBC, combined with all other in force LTC coverage (with other insurers or non-converted LTC policies with RBC), cannot exceed our Issue & Participation Limit of \$300 per day.

**LTC Policy Options and Optional Benefits or Riders**

LTC policy options and optional benefits or riders will be subject to our published conversion rules in effect at the time of conversion.

**LTC Optional Benefits available on conversion**

- Home Care Benefit (the amount cannot exceed the daily facility care benefit amount selected)
- Cost of Living Adjustment
- Return of Premium on Death

**LTC Optional Benefits not available on conversion**

- Future Purchase Option

**Rates**

The rates charged for the converted LTC policy will be those in effect at the time of conversion, using the insured's nearest age at the effective date of the converted LTC policy.

**Converted LTC Policy and Definitions of Cognitive Impairment and Activities of Daily Living**

The converted LTC policy may contain definitions of cognitive impairment and activities of daily living that are different than the definitions contained in the DI Long Term Care conversion amendment.

**Policy change discount**

No policy change discount applies.

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## **DISABILITY LONG TERM CARE (LTC) CONVERSION – EXTRA- CONTRACTUAL OFFER FOR POLICIES ISSUED PRIOR TO AUGUST 5, 2008**

(March 31, 2022)

This non-contractual offer was developed following the introduction of the Disability Long Term Care Conversion Option. This program may permit policy owners of disability contracts issued prior to August 5, 2008, to convert some or all of their income protection coverage to a long term care policy.

Because this is a non-contractual offer, this program may be changed at any time. However, any LTC insurance policy issued under the program will not be affected by any subsequent program changes.

### **Eligible Disability Contracts**

All Canadian  
Business Builder  
Business Owner/Preferred Personnel  
Canadians Preferred – Non-Occ  
Concord  
Extendible  
The Foundation Series – Residual  
The Foundation Series  
Income Provider  
Occpro  
Own Occupation  
Own Occupation Plus  
Paul Revere Preferred  
Preferred 35  
Preferred Farmer  
Preferred Professional  
Professional Executive  
Professional Series  
Quantum Series  
Residual AA  
Residual Plus  
Saratoga – Female  
The Bennington  
The Bridge Series  
The Concord  
The Concord II  
The Executive II  
The Income Security  
The Professional Executive Policy Canada  
The Professional II  
The Saratoga II

### **Ineligible Policies include but are not limited to the following:**

DI Business Products  
Accident Only  
Hospital Case  
Term DI Retirement  
Savings Edge  
Policies  
Reduced Underwriting Plans (unless issued as part of a GSI case)

## **Eligibility for Conversion**

- Written application for conversion must be received no earlier than 60 days prior to the policy anniversary nearest to the insured's 55<sup>th</sup> birthday, and no later than 60 days past their 65<sup>th</sup> birthday; and
- The in force disability insurance policy was not issued with an additional premium ratings of more than 50%; and
- The in force disability insurance policy has an elimination period of 120 days or less and a benefit period to age 65 or greater; and
- The disability policy must have been continuously in force for at least 24 months prior to the date of application for conversion; and
- The in force disability insurance policy is an eligible disability insurance series policy; and
- All prequalifying and qualifying questions on the application are answered "No"; and
- The insured must be residing in Canada

## **Special Rules for GSI Policies**

If the policy was issued as part of a GSI offer where participation of eligible members was mandatory, the policy is not eligible to convert unless the insured:

- a) Has reached their 65<sup>th</sup> birthday; or
- b) Has left the services of the employer under which the GSI offer was provided.

## **Coverage Eligible for Conversion**

Eligible coverage is a basic monthly indemnity with a benefit period to age 65 or longer. This includes Additional Monthly Indemnity (AMI) coverage and coverage increases issued under Future Income Option riders. It does not include riders such as Retirement Protector.

## **Conversion Maximum Amount**

The maximum amount that can be converted per disability policy is \$6,000. The maximum amount of facility care benefits that can be obtained through conversion from all sources is \$200 per day. Amounts are also subject to our issue and participation limits, taking into consideration all other LTC coverage.

## **Conversion Formula**

Each \$100 of disability income benefit converts to \$3.33 per day of facility care benefit and \$2.00 per day of home care benefit, with the final amount rounded up to the nearest \$10 per day.

## **Long Term Care Policy Provided**

The LTC policy provided will be the version of LTC insurance designated and made available for conversion options in accordance with our published conversion rules in effect at the time the option is exercised.

## **LTC Policy Options and Optional Benefits or Riders**

LTC policy options and optional benefits or riders will be subject to our published conversion rules in effect at the time of conversion.

### **Effective Date of the Converted LTC Policy**

The effective date of the converted LTC policy will be the date of the monthly policy anniversary following the date of receipt of the conversion application at our Head Office.

### **Effective Date of Coverage**

The converted LTC policy will not become effective if the insured becomes disabled before the effective date of the LTC policy.

### **Evidence of Insurability**

Evidence of insurability that was used in the decision to issue or reinstate the DI policy and evidence of insurability provided at the time of application to exercise the conversion option will be deemed to form part of the converted LTC policy.

### **Minimum Premium & Coverage Amount**

The minimum premium and coverage amounts in effect at the time of conversion will apply.

### **Maximum Amount of LTC Coverage Available via Conversion**

The converted LTC policy will have a benefit that, when combined with all other long term care benefits converted by us, from all types of insurance policies covering the insured, does not exceed a cumulative amount of \$200 per day or the monthly equivalent.

### **Issue & Participation Limit**

The cumulative amount of \$200 per day allowed under all converted LTC policies with RBC, combined with all other in force LTC coverage (with other insurers or non-converted LTC policies with RBC), cannot exceed our Issue & Participation Limit of \$300 per day.

### **LTC Optional Benefits available on conversion**

- Home Care Benefit (the amount cannot exceed the daily facility care benefit amount selected)
- Cost of Living Adjustment
- Return of Premium on Death

### **LTC Optional Benefits not available on conversion**

- Future Purchase Option

### **Rates**

The rates charged for the converted LTC policy will be those in effect at the time of conversion, using the insured's nearest age at the effective date of the converted LTC policy.

### **Converted LTC Policy and Definitions of Cognitive Impairment and Activities of Daily Living**

The converted LTC policy may contain definitions of cognitive impairment and activities of daily living that are different than the definitions contained in the DI Long Term Care conversion amendment.

### **Policy change discount**

No policy change discount applies.

Also see [Frequently Asked Questions for LTC Conversion Offer](#)

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## DISCOUNTS

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## **FUTURE INCOME OPTION (FIO) & AUTOMATIC INCREASE BENEFIT (AIB)**

(05/2009)

When an FIO increase is being applied for with the same effective date as the AIB increase, the AIB increase will be deemed to be processed first and will be considered in existence when the FIO is financially underwritten, unless there is written refusal of the AIB in our file.

Refer to the Automatic Increase Benefit (AIB) chapter in this section for additional details.

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# **FUTURE INCOME OPTION (FIO) INCREASES ON FARMERS**

(05/2014)

## **FOR PAUL REVERE, PROVIDENT, UNUM, AND RBC POLICIES**

The net worth method of insuring farmers was discontinued many years ago. Special Issue Limits for Farmers were introduced in 2004.

The following guidelines indicate how FIO increases will be processed on farmers' policies.

### **Policies Issued Based On Regular Issue Limits**

If the policy was issued using our regular issue limits and the applicant's net earned income, any FIO increases will be calculated based on the same method or, if more favourable for the insured, based on the Issue Limits for Farmers. The net worth method is not available for FIO purposes.

### **Policies Issued Based On the Net Worth Method**

If the policy was issued using the net worth method, the net worth method will be available for FIO increases, subject to financial documentation of the net worth in all cases. However, if more favourable for the insured, the FIO will be calculated based on our regular issue limits and the applicant's net earned income or the Issue Limits for Farmers.

If a policyholder has used the income method or the Issue Limits for Farmers to justify an FIO increase, all future FIO will be underwritten on the same basis even if the original policy was issued on the net worth method.

To determine the net worth for either an incorporated or an unincorporated farm, we will use the insured's share of the assets minus the liabilities as shown on the most recent balance sheet for the farm.

Financial documentation for the net worth method consists of the T1 General plus the most recent financial statements for the farm. Only those items on the balance sheet will be considered in the calculation of net worth.

If financial statements are not available, then the net worth method of qualifying for an FIO cannot be used.

### **Financial Documentation**

Proof of income is required as follows:

Incorporated farmer: A copy of pages 1, 2, 3, 4, of the most recent T1 General; and  
A copy of the Balance Sheet, Income Statement and Schedule 8 (Capital Cost Allowance) from the last financial statements of the corporation; and  
A copy of Schedule 1 (Net Income (loss) for Income Tax Purposes) from the most recent T2 Corporate Tax Return.

Unincorporated farmer: A copy of pages 1, 2, 3, 4, of the most recent T1 General and form T2042 (Statement of Farming Activities) – all pages; or  
A copy of all pages of the most recent T1 General and form T1163 (Statement A) and Form T1175 (Farming – Calculation of Capital Cost allowance).

**Please refer to the Issue Limits for Farmers Section of the Underwriting Guidelines for Individual Disability Insurance & Critical Illness Insurance for additional details.**

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# HEALTH CARE PROFESSIONAL RIDER – ADDITION TO IN FORCE POLICIES

(April 27, 2019)

The addition of the Health Care Profession (HCP) benefit is available on **eligible** in force policies issued originally with or without the HIV Benefit rider.

## Eligible Occupations

Those health care professionals specified in the Underwriting Guidelines for whom the HCP benefit is mandatory (unless declined for underwriting reasons) on new business:

- Acupuncturists (MD and non-MD)
  - Chiropractors
  - Chiropractors doing acupuncture
  - Dentists, dental specialists & surgeons (endodontists, maxillofacial surgeons, orthodontists, pedodontists, periodontists, prosthodontists)
  - Dental hygienists, dental assistants, denture therapists, denturists, denturologists
  - Massage therapists doing acupuncture
  - Midwives
  - Naturopaths with MD designation
  - Nurses (RN's, RNA's, LPN's)
  - Osteopaths with MD designation
  - Paramedics
  - Physician assistants
  - Physicians, specialists & surgeons
  - Physiotherapists doing acupuncture
  - Podiatrists
  - Professional lab technicians
  - Respiratory therapists (Inhalation therapists)
- **Pharmacists:** available on request, but **not mandatory**

## Ineligible Individuals

- Those denied the HIV rider or HCP benefit rider for medical reasons at the time of initial underwriting;
- Those denied the HIV rider or HCP benefit rider because of residency issues (living outside Canada), unless residency is no longer a concern;
- Individuals currently HIV, Hepatitis B or Hepatitis C positive or indeterminate, under investigation or suspected of HIV or Hepatitis infection;
- Within 6 months of exposure to HIV, Hepatitis B or Hepatitis C (i.e. needle stick or other incident); reconsideration available 6 months after exposure, with completion of the Medical History section of the [Application for Reinstatement or Policy Change](#). We reserve the right to request a BCP/HOS with hepatitis screen based on an applicant's medical history.

## Eligible Plans

Professional Series, Foundation Series, Quantum, Business Overhead Expense, Key Person Protector, Retirement Protector and Business Loan

## Ineligible Policy Plans

Bridge Series, Critical Illness Recovery Plan or Disability Buy Sell, Fundamental Series, Simplified DI or CI, The Edge, withdrawn UNUM, Provident, Westbury Life and Mutual of Omaha, RBC portfolio policies.

## Health Care Profession Benefit Forms

H1136 - Quantum policy contracts only

H1135 - Professional series contracts with Disability in Your Occupation benefit (Own Occupation rider)

H1134 - All other eligible contracts

## Requirements

Fully completed [Application for Reinstatement or Policy Change](#)

## **Medical Requirements**

Policies **with or without** the HIV Benefit rider: no automatic requirements. We reserve the right to request a BCP/HOS with hepatitis screen based on an applicant's medical history.

**Note:** at the time of underwriting a new application, we will offer to add the Health Care Profession benefit to any eligible in force policy that does not already include the benefit.

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## INTERNAL REPLACEMENT RULES

(01/2026)

An Internal Replacement of an existing policy is necessary when changing policy plans (must be of the same type, i.e. Business Overhead Expense (BOE) replaced by another BOE, Foundation Series replaced by Professional Series, etc.), increasing the basic monthly indemnity and increasing the benefit period.

The addition of some supplementary benefits may also necessitate an internal replacement as will certain other policy changes.

If applying for coverage within 12 months of a lapsed policy, the new policy will be issued as an internal replacement and the commission schedule for internal replacements will apply.

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## LTD INSURABILITY OPTION (PROVIDENT)

(10/99)

Part of the Provident portfolio, this option provides an opportunity to purchase additional coverage without evidence of physical insurability if LTD coverage terminates because of termination of employment or if the group LTD plan terminates without intention of replacement.

Within 91 days of termination of the LTD coverage and prior to his/her 56th birthday, the insured may apply to increase coverage, subject to financial underwriting. This option is available one time only. The increase is limited to two times the base monthly benefit not to exceed \$5,000.

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## OWNERSHIP CHANGE/TRANSFER

(10/2026)

### Disability Insurance

In order to change the ownership of a disability insurance contract, an [Absolute Assignment – Disability Insurance](#) form just be submitted.

Buy-Sell contracts cannot be assigned. Any change of ownership on Buy-Sell contracts is subject to underwriting approval.

Key Person contracts cannot be assigned. A change of ownership can only occur if it is the same business with the same ownership under a new name.

### Critical Illness Insurance

In order to change the ownership of a Critical Illness policy, an [Absolute Assignment – Critical Illness Insurance](#) form must be submitted.

The absolute assignment terminates any existing beneficiary/recipient designations. The new owner must complete a change of beneficiary/recipient form for Critical Illness to designate a beneficiary/recipient. In the event that the new owner does not designate a new beneficiary/recipient, benefits will be paid out in accordance with the terms of the contract.

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## POLICY CHANGE GUIDELINES – INTRODUCTION

(05/2014)

This chapter provides details regarding changes to in force policies. It includes information for policies issued by The Paul Revere Life Insurance Company (Paul Revere), Provident Life and Accident Insurance Company (Provident), Unum Life Insurance Company of America (Unum), UnumProvident Canada, Westbury Life, Mutual of Omaha and RBC Life Insurance.

Terminology referred to in this section:

- Internal Replacement\* (Int. Rep.) – this term refers to any situation where a modification in coverage requires the issuance of a new policy from our current product portfolio in replacement of the existing policy.
- Conversion (Conv.) – refers to a new policy established as the result of a conversion provision of an existing policy.
- Policy Change (P/C) – refers to a change to or modification of an existing policy. This term is used when referring to changes to current portfolio policies or Paul Revere and Provident portfolio policies.
- Modify – refers to a change or modification to an existing policy. This term is used when referring to changes on Unum policies.

**During any period of disability, only contractual policy changes are allowed, no other changes will be considered.**

**On policies from portfolios that have been withdrawn, the only changes that will be considered are reconsiderations of exclusions/ratings, changes from smoker to non-smoker rates (subject to eligibility), and contractual changes. Reinstatements are subject to contract provisions and our reinstatement guidelines.**

\* Please refer to the [Internal Replacement Rules chapter](#) of this section for additional details.

## POLICY CHANGES AND INTERNAL REPLACEMENTS – INDIVIDUAL DISABILITY INSURANCE POLICIES, INCOME REPLACEMENT AND BUSINESS PRODUCTS

(03/2026)

The following is a list of what constitutes either a policy change (P/C), internal replacement (int. rep.) or conversion (conv.): Link to the [Application for Policy Change](#) listed under **Form Required** – below.

Also see [Policy Changes - The Fundamental Series](#)

| Type of Change                                                                                                      | Form Required                   | Underwritten           | (P/C), Int. Rep. or Conv. | Current Age/Rates   | Comments                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------|---------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Addition of Select, Maximizer or Performer discount                                                                 | App'n for policy change         | No                     | P/C                       | n/a                 | Must qualify based on established discount eligibility criteria, based on the type of plan and plan version.<br><br>A policy must be a plan version that was eligible for a particular discount originally.<br><br>Written request from policyholder is also acceptable.<br><br><b>The Large Case discount is available on new issues only and not available via policy change.</b><br><br>Refer to <a href="#">Discounts</a> |
| Addition of FIO/FCEO/BIO benefit                                                                                    | New app'n                       | Fully underwritten     | Int. Rep.*                | Current age & rates |                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Addition of Health Care Professional Rider                                                                          | App'n for policy change         | Medically underwritten | P/C                       | n/a                 | Refer to <a href="#">Health Care Profession Rider – addition to in force policies</a>                                                                                                                                                                                                                                                                                                                                         |
| Addition of Cola and Own Occ for policies issued under Student Savings Program (SSP) or Medical Student Offer (MSO) | SSP/MSO App'n for policy change | Partially underwritten | P/C                       | Current age & rates | Refer to the <b>Underwriting Optional Benefits</b> section of the <a href="#">Underwriting Guidelines for Individual Disability Insurance and Critical Illness Insurance</a> manual for details.                                                                                                                                                                                                                              |
| Addition of Cola (other than noted above), AD&D, EDD, Partial, First Day Hospitalization benefit                    | App'n for policy change         | Fully underwritten     | P/C                       | Current age & rates | Can be considered as a policy change <b>within 2 years of the policy issue date only</b> . After 2 years, an internal replacement is required.<br><br><b>Does not apply to GSI policies.</b>                                                                                                                                                                                                                                  |

| Type of Change                                                 | Form Required                              | Underwritten             | (P/C), Int. Rep. or Conv. | Current Age/Rates                   | Comments                                                                                                                                                                                                                |
|----------------------------------------------------------------|--------------------------------------------|--------------------------|---------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Addition of supplementary benefits (other than as noted above) | New app'n                                  | Fully underwritten       | Int. Rep.*                | Current age & rates                 |                                                                                                                                                                                                                         |
| AIB Renewal (old Paul Revere Portfolio)                        | App'n for policy change                    | Fully underwritten       | P/C                       | Current age & rates                 | Requirements determined by underwriter.<br>Proof of income is required.<br>Refer to <a href="#">Automatic Increase Benefit (AIB)</a>                                                                                    |
| Beneficiary change                                             | <a href="#">Beneficiary Change Request</a> | n/a                      | P/C                       | n/a                                 | Refer to <a href="#">Beneficiary Change</a>                                                                                                                                                                             |
| BOE Exchange, 906 and 806 series contracts                     | New app'n, Part 2 not req'd                | Financially underwritten | Int. Rep.                 | Original age, class & discount      | Refer to <a href="#">BOE Exchange Privilege</a><br>Exclusions and ratings are carried over to the new policy.<br>No producer compensation is payable.<br>No policy change discount applies.                             |
| Buy-Sell Conversion Privilege                                  | New app'n, Part 2 not req'd                | Financially underwritten | Conv.                     | Current age & rates, original class | Refer to <a href="#">Disability Buy-Sell – Conversion Privilege</a><br>Exclusions and ratings are carried over to the new policy.<br>No producer compensation is payable.<br>No policy change discount applies.         |
| Buy-Sell Transfer of Coverage                                  | New app'n, Part 2 not req'd                | Financially underwritten | Int. Rep.                 | Original age & rates                | Refer to <a href="#">Disability Buy-Sell – Transfer Privilege Provision</a><br>Exclusions and ratings are carried over to the new policy.<br>No producer compensation is payable.<br>No policy change discount applies. |

\* QUALIFIES FOR A 5% POLICY CHANGE DISCOUNT IF POLICY BEING REPLACED HAS BEEN IN FORCE FOR AT LEAST 12 MONTHS AND, IF A STEP RATE POLICY, AFTER THE POLICY HAS STEPPED UP FOR AT LEAST 12 MONTHS. ONLY ONE 5% POLICY CHANGE DISCOUNT CAN BE APPLIED.

| Type of Change                                   | Form Required           | Underwritten           | (P/C), Int. Rep. or Conv. | Current Age/Rates    | Comments                                                                                                                                                                                                           |
|--------------------------------------------------|-------------------------|------------------------|---------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Change from GR to Non-Can Plan (old Paul Revere) | New app'n               | Full y und erw ritte n | Int. Rep.*                | Current age & rates  | Requirements determined by underwriter.                                                                                                                                                                            |
| Change of plan                                   | New app'n               | Fully underwritten     | Int. Rep.*                | Current age & rates  | Requirements determined by underwriter.                                                                                                                                                                            |
| Change to non-smoker rates                       | App'n for policy change | Medically underwritten | P/C                       | Original age & rates | Allowed only if non-smoker rates were available for that particular plan at time of issue.<br><br><b>Non-smoker rates will not be considered if there is any health concern impacted by or related to smoking.</b> |
| Change of Plan from step-rates to level rates    | New app'n               | Fully underwritten     | Int. Rep.*                | Current age & rates  |                                                                                                                                                                                                                    |
| Decrease in benefit period                       | App'n for policy change | No                     | P/C                       | Original age & rates | A signed request from the policy owner is acceptable.<br>Change to 10yr B/P not allowed at or over age 53.<br>Change to 5yr B/P not allowed at or over age 58.<br>Change to 2yr B/P not allowed at or over age 61. |
| Decrease in elimination period                   | New app'n               | Fully underwritten     | Int'l Rep.*               | Current age & rates  |                                                                                                                                                                                                                    |

| Type of Change                                                               | Form Required           | Underwritten             | (P/C), Int. Rep. or Conv. | Current Age/Rates                            | Comments                                                                                                                                                                                                     |
|------------------------------------------------------------------------------|-------------------------|--------------------------|---------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Decrease in indemnity                                                        | App'n for policy change | No                       | P/C                       | Original age & rates                         | A signed request from the policy owner is also acceptable.<br><br><a href="#">Reduction in Coverage on Policies with FIO</a>                                                                                 |
| Deletion of additional benefits                                              | App'n for policy change | No                       | P/C                       | n/a                                          | A signed request from the policy owner is acceptable.                                                                                                                                                        |
| Exercise Future Insurance Option (FIO)                                       | FIO app'n               | Financially underwritten | P/C                       | Current age, latest rates available for Plan | Proof of income required.<br>If exercising an FIO on a step-rate policy, increase will be issued with level rates.<br><br>Refer to <a href="#">FIO Increases on Farmers</a>                                  |
| Exercise Guaranteed Issue Benefit (GIB) (Mutual of Omaha)                    | App'n for policy change | Financially underwritten | P/C                       | Current age, latest rates available for Plan | Proof of income required.                                                                                                                                                                                    |
| Exercise DI LTC Option                                                       | Conversion app'n        | See comments             | Conv.                     | Current age & rates                          | Refer to <a href="#">Disability LTC Conversion Option</a><br>Full compensation is payable on the converted LTC policy.<br>Replacement Forms required where applicable.<br>No policy change discount applies. |
| Exercise Guaranteed Physical Insurability (GPI) Option (Provident portfolio) | FIO/GPI app'n           | Financially underwritten | P/C                       | Current age, latest rates available for Plan | Proof of income required.                                                                                                                                                                                    |
| Fundamental Series changes                                                   | See Comments            |                          |                           |                                              | Refer to <a href="#">Policy Changes – The Fundamental Series</a>                                                                                                                                             |

| Type of Change                      | Form Required                           | Underwritten             | (P/C), Int. Rep. or Conv.    | Current Age/Rates    | Comments                                                                                                                                                                   |
|-------------------------------------|-----------------------------------------|--------------------------|------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Group Offset – removal of amendment | n/a                                     | n/a                      | n/a                          | n/a                  | Removal of the group offset amendment is not allowed. Leaving the offset amendment on the policy is in no way detrimental to the insured.                                  |
| Group Offset – removal of discount  | See Comments                            | No                       | P/C                          | n/a                  | A signed request from the policy owner is acceptable.                                                                                                                      |
| Group Offset – Revision of amount   | App'n for policy change<br>See Comments | Financially underwritten | P/C                          | n/a                  | Include full details to all in force disability coverage. Proof of income is required. Medical section of the application for policy change does not need to be completed. |
| Increase in benefit period          | New app'n                               | Fully underwritten       | Int'l repl.* or add'l policy | Current age & rates  | A change of insurability may preclude an internal replacement.                                                                                                             |
| Increase in elimination period      | App'n for policy change                 | No                       | P/C                          | Original age & rates | A signed request from the policy owner is acceptable.                                                                                                                      |
| Increase in indemnity               | New app'n                               | Fully underwritten       | Int. Rep.* or add'l policy   | Current age & rates  | Subject to minimum policy indemnity of \$450.<br>A change of insurability may preclude an internal replacement.                                                            |
| Misstatement of age/sex             | App'n for policy change                 | No                       | P/C                          | Original age & rates | Refer to specific contract provisions. Copy of birth certificate, driver's license or passport required.                                                                   |

| Type of Change                                                                                              | Form Required                                           | Underwritten         | (P/C), Int. Rep. or Conv. | Current Age/Rates    | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------|---------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Occupation Class Upgrade<br><br>(Refer to the <a href="#">Occupation Schedule</a> to determine eligibility) | App'n for policy change                                 | See comments section | P/C                       | Original age & rates | <p>Except where guaranteed as a result of specific policy provisions (Westbury Life, Mutual of Omaha)*, can be processed as a policy change <b>within 2 years of the policy issue date</b> <u>without</u> medical underwriting.</p> <p>Can be processed as a policy change <b>within 2 - 5 years of the policy issue date</b>, <u>subject to</u> medical underwriting.</p> <p>Requests for occupation class upgrades for policies <b>issued more than 5 years ago</b> are processed as <b>internal replacements</b> (new application, fully underwritten, current age and rates).</p> <p>If a reclassification is the result of our upgrade criteria, proof of income for the specified period is required.<br/><b>Note:</b> Any eligible occupation can be upgraded by ONE class only, even if income is sufficient for the next level.</p> <p>If reclassification is the result of a change in occupation, the insured must have been in the new occupation for a minimum of 12 months.</p> <p>*new occupation class will be that used for the Westbury Life or Mutual of Omaha portfolio.</p> |
| OE Conversion (old Unum portfolio)                                                                          | New app'n                                               | Yes                  | Conv.                     | Yes                  | Refer to contract provisions.<br>No policy change discount applies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Ownership Change                                                                                            | <a href="#">Absolute Assignment for Disability Form</a> | See comments         | P/C                       | n/a                  | Ownership change on Buy-Sell, Loan Protector and Key Person Protector contracts require underwriting.<br>Refer to <a href="#">Ownership Change/Transfer</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Reconsideration of rating &/or exclusion                                                                    | App'n for policy change                                 | Fully underwritten   | P/C                       | n/a                  | All reconsiderations are subject to evidence of insurability and the medical underwriting guidelines in effect at the time of reconsideration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Reinstatement                                                                                               | App'n for policy change                                 | Fully underwritten   | P/C                       | n/a                  | Refer to <a href="#">Reinstatements</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Type of Change                                                                                 | Form Required | Underwritten                                                               | (P/C), Int. Rep. or Conv.  | Current Age/Rates                | Comments                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------|----------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Second payer clause, add'n of amendment - (old Unum portfolio)                                 | See comments  | n/a                                                                        | n/a                        | n/a                              | Addition of a second payer clause is not allowed as the provision would apply to the entire benefit amount.<br><br>We consider this to be detrimental to the Insured.                                                                                                                                                                                                       |
| Second payer clause, deletion of amendment – (old Unum portfolio)                              | See comments  | n/a                                                                        | n/a                        | n/a                              | Deletion of the second payer clause is not allowed as there is no detrimental effect to the client if the second payer clause remains on the policy.                                                                                                                                                                                                                        |
| WCB offset removal                                                                             | See comments  | n/a                                                                        | n/a                        | n/a                              | Not allowed. The WCB amendment will not be removed after issue even if the insured is no longer eligible for WCB coverage.<br><br>Leaving the offset on the policy is not detrimental to the insured if there is no WCB benefit received.<br><br>Refer to the Workers' Compensation Offset Amendment chapter in the <a href="#">UW Guidelines</a> – Financial Underwriting. |
| WLRP – add'n to plan, change to taxable benefits, no increase in coverage                      | See comments  | Underwritten to assess eligibility for WLRP only                           | P/C                        | n/a                              | Refer to <a href="#">Wage Loss Replacement Plan Changes</a>                                                                                                                                                                                                                                                                                                                 |
| WLRP – add'n to plan, change to taxable benefits, with increase in coverage using Special FIO  | See comments  | Underwritten to assess eligibility for a WLRP and financially underwritten | P/C                        | Current age & rates for increase | Refer to <a href="#">Wage Loss Replacement Plan Amendment</a><br><br>*Clients with an FIO on their policy, may be eligible to exercise a one-time Special FIO to increase their coverage when converting to a WLRP (New - March 2026)                                                                                                                                       |
| WLRP – add'n to plan, change to taxable benefits, with increase in coverage or reduction of EP | New app'n     | Fully underwritten                                                         | Int. Rep.* or add'l policy | Current age & rates              | Refer to Increase in indemnity &/or decrease in elimination period guidelines within this chart.<br><br>A change of insurability may preclude an internal replacement.<br><br>Refer to <a href="#">Wage Loss Replacement Plan Changes</a>                                                                                                                                   |

| Type of Change                                                        | Form Required | Underwritten             | (P/C), Int. Rep. or Conv. | Current Age/Rates    | Comments                                                    |
|-----------------------------------------------------------------------|---------------|--------------------------|---------------------------|----------------------|-------------------------------------------------------------|
| WLRP – removal from plan, change from taxable to non taxable benefits | See comments  | Financially underwritten | P/C                       | Original age & rates | Refer to <a href="#">Wage Loss Replacement Plan Changes</a> |

**\*QUALIFIES FOR A 5% POLICY CHANGE DISCOUNT IF POLICY BEING REPLACED HAS BEEN IN FORCE FOR AT LEAST 12 MONTHS AND, IF A STEP RATE POLICY, AFTER THE POLICY HAS STEPPED UP FOR AT LEAST 12 MONTHS. ONLY ONE 5% POLICY CHANGE DISCOUNT CAN BE APPLIED.**

## POLICY CHANGES AND INTERNAL REPLACEMENTS – CRITICAL ILLNESS POLICIES

(October 1, 2026)

If allowed, the addition of optional benefits is available on non-GSI issued policies only if the original policy is a Plan that offers these optional benefits. Link to the [Application for Policy Change](#) listed under **Form Required** – below.

| Type of Change                                   | Form Required           | Underwritten | (P/C), Int. Rep., or Conv. | Current Age/Rates   | Comments                                                                                                                                                                                                                                        |
|--------------------------------------------------|-------------------------|--------------|----------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Addition of Disability Waiver of Premium Rider   | App'n for policy change | Yes          | P/C                        | Current age & rates | <b>Available as a policy change within 2 years of the policy issue date.</b>                                                                                                                                                                    |
| Addition of Loss of Independent Existence Rider  | N/A<br>See Comments     | N/A          | N/A                        | N/A                 | The LOIE benefit has been imbedded in the contracts since 2014. It was previously only available to add as an optional benefit within 2 years of policy issue.                                                                                  |
| Addition of Scheduled Increase Benefit           | N/A<br>See Comments     | N/A          | N/A                        | N/A                 | SIB was sold under CI Recovery Plan which is no longer available, except through GSI. SIB is not available on RBC Critical Illness Insurance plans that launched Oct. 2026. This benefit was previously only available at time of new business. |
| Addition of Return of Premium on Death Rider     | See comments            | No           | Conv. or int. repl.        | Current age & rates | Only available at time of new business. Exception: Can be requested at time of a conversion from Critical Illness Term plan to RBC CII Level plans to age 75 or 100. Not available on exchanges from Term to Term.                              |
| Addition of Return of Premium on Expiry Rider    | See Comments            | No           | Conv. or int repl          | Current age & rates | Only available at time of new business. Exception: Can be requested at time of a conversion from Critical Illness Term plan to RBC CII Level plans to age 75. Not available on exchanges from Term to Term.                                     |
| Addition of Return of Premium on Surrender Rider | See Comments            | No           | Conv or int repl.          | Current age & rates | Only available on new business. Exception: Can be requested at time of a conversion from Critical Illness Term plan to RBC CII Level plans to age 75/T100. Not available on exchanges.                                                          |

|                                                 |                                                                      |                                              |                             |                      |                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------|-----------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Beneficiary change                              | <a href="#">Change of Beneficiary / Recipient – Critical Illness</a> | N/A                                          | N/A                         | N/A                  | Refer to <a href="#">Beneficiary Change</a> and to contract provisions.                                                                                                                                                                                                                                                                |
| Change to non-smoker rates                      | App'n for policy change                                              | Medically underwritten                       | P/C                         | Original age & rates | Non-smoker rates will not be considered if there is any health concern impacted by or related to smoking.                                                                                                                                                                                                                              |
| Exercising the Long Term Care Conversion Option | App'n for conversion                                                 | Limited underwriting, per contract provision | Conv.                       | Current age & rates  | Subject to the contract provisions – not sold on RBC Critical Illness Insurance plans that launched October 2026.<br>Replacement Forms required where applicable.<br>No policy change discount applies.                                                                                                                                |
| Exercising the Term Conversion privilege        | <a href="#">Critical Illness Application for Conversion</a>          | Limited underwriting, per contract provision | Conv.                       | Current age & rates  | Subject to the contract provisions.<br>Any ratings or exclusions included in the original policy will apply to the converted policy.<br>No policy change discount applies.                                                                                                                                                             |
| Exercising the Term Exchange privilege          | <a href="#">Critical Illness Application for Exchange</a>            | Limited underwriting, per contract provision | Exchange                    | Current age & rates  | Subject to the contract provisions.<br>Any ratings or exclusions included in the original policy will apply to the converted policy.<br>No policy change discount applies.                                                                                                                                                             |
| Increase in indemnity                           | New app'n                                                            | Fully underwritten                           | Int. Rep.* or add'tl policy | Current age & rates  |                                                                                                                                                                                                                                                                                                                                        |
| Ownership Change                                | <a href="#">Absolute Assignment for CI Form</a>                      | N/A                                          | P/C                         | n/a                  | Refer to <a href="#">Ownership Change/Transfer</a>                                                                                                                                                                                                                                                                                     |
| Reconsideration of rating &/or exclusion        | App'n for policy change                                              | Fully underwritten                           | P/C                         | n/a                  | All reconsiderations are subject to evidence of insurability and the underwriting guidelines in effect at the time of the request.<br>Deletion of a rating will not be allowed if there has been a related adverse change in insurability, <u>whether or not the change is related to the original reason for applying the rating.</u> |
| Reinstatement                                   | App'n for policy change                                              | Fully underwritten                           | P/C                         | n/a                  | Refer to <a href="#">Reinstatements</a>                                                                                                                                                                                                                                                                                                |

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## POLICY CHANGES – LONG TERM CARE POLICIES

(RBC & UnumProvident)

(December 17, 2019)

### POLICY CHANGES\* – LONG TERM CARE POLICIES\*

Link to the [Application for Policy Change](#) listed under Form Required – below.

| Type of Change        | Form Required           | Underwritten       | (P/C),<br>Int.<br>Rep. or<br>Conv. | Current<br>Age/Rates | Comments                                                                                         |
|-----------------------|-------------------------|--------------------|------------------------------------|----------------------|--------------------------------------------------------------------------------------------------|
| Decrease in indemnity | App'n for policy change | No                 | P/C                                | Original age & rates | A signed request from the policy owner is acceptable.                                            |
| Reinstatement         | App'n for policy change | Fully underwritten | P/C                                | n/a                  | Refer to contract provisions regarding reinstatement.<br>Refer to <a href="#">Reinstatements</a> |

\* Other than decreases in indemnity and reinstatements, only contractual changes can be considered

## POLICY CHANGES – THE FUNDAMENTAL SERIES

(June 1, 2021)

**Fundamental Series policies cannot be issued as internal replacements of any existing DI policy (including Fundamental to Fundamental), however, traditional DI policies can be issued as internal replacements of a Fundamental Series policy.**

The **Injury** coverage **benefit amount** cannot be less than the **Illness** coverage **benefit amount**.  
The **Illness** coverage **benefit amount** can be less than or equal to, but not more than, the **Injury** coverage **benefit amount**.

The **Injury** coverage **elimination period** cannot be longer than the **Illness** coverage **elimination period**.  
The **Illness** coverage **elimination period** can be longer or equal to, but not shorter than, the **Injury** coverage **elimination period**.

The **Injury** coverage **benefit period** cannot be shorter than the **Illness** coverage **benefit period**.  
The **Illness** coverage **benefit period** can be shorter or equal to, but not longer than, the **Injury** coverage **benefit period**.

| Type of Change                                                                                         | Form Required                                                                                                                                                                                                              | Underwritten | Policy Change (P/C) or New Policy (N/P) | Current Age/Rates   | Comments                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Add <b>Illness</b> coverage to <b>existing Injury</b> coverage                                         | The Fundamental Series <u>Illness Application</u>                                                                                                                                                                          | Underwritten | P/C                                     | Current age & rates |                                                                                                                                                                                                                                                        |
| Reduce the elimination period and/or increase the benefit period on <b>Injury only</b> coverage        | The Fundamental Series <u>Injury Application</u><br><br><b>To be followed by</b> a written request to cancel the existing policy.<br><br><b>See Comments</b>                                                               | n/a          | N/P                                     | Current age & rates | In order to prevent a gap in coverage, it is recommended that the request to cancel the existing coverage is submitted after the new coverage requested has been approved.<br><br>No policy change discount applies if a replacement policy is issued. |
| Reduce the elimination period and/or increase the benefit period on <b>Injury and Illness</b> coverage | The Fundamental Series <u>Injury Application</u> <b>plus</b> The Fundamental Series <u>Illness Application</u><br><br><b>To be followed by</b> a written request to cancel the existing policy.<br><br><b>See Comments</b> | Underwritten | N/P                                     | Current age & rates | In order to prevent a gap in coverage, it is recommended that the request to cancel the existing coverage is submitted after the new coverage requested has been approved.<br><br>No policy change discount applies if a replacement policy is issued. |

| Type of Change                                                                                                                                                                                             | Form Required                                                                                                                                                           | Underwritten | Policy Change (P/C) or New Policy (N/P) | Current Age/Rates    | Comments                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Reduce the elimination period and/or increase the benefit period on <b>only the Illness</b> portion of coverage                                                                                            | The Fundamental Series <u><b>Illness Application – to include</b></u> instructions to terminate the existing Illness coverage upon approval of the new Illness coverage | Underwritten | P/C                                     | Current age & rates  |                                                                                                                                                |
| Reinstatement                                                                                                                                                                                              | Application for Policy Change or Reinstatement – The Fundamental Series                                                                                                 | Underwritten | P/C                                     | n/a                  |                                                                                                                                                |
| <b>Injury</b> coverage:<br>– Increase the monthly benefit amount<br>– Add BOE Injury coverage<br>– Add 24 hour coverage<br>– Increase or add the AD&D benefit                                              | Application for Policy Change or Reinstatement – The Fundamental Series                                                                                                 | Underwritten | P/C                                     | Current age & rates  |                                                                                                                                                |
| <b>Injury</b> coverage:<br>– Reduce the monthly benefit amount<br>– Reduce the benefit period<br>– Increase the elimination period<br>– Remove additional benefits<br>– Reduce the amount of AD&D coverage | Application for Policy Change or Reinstatement – The Fundamental Series – <b>Page one only</b><br><br>A signed request from the policy owner is also acceptable.        | n/a          | P/C                                     | Original age & rates |                                                                                                                                                |
| <b>Illness</b> coverage:<br>– Increase the monthly benefit amount                                                                                                                                          | Application for Policy Change or Reinstatement – The Fundamental Series                                                                                                 | Underwritten | P/C                                     | Current age & rates  |                                                                                                                                                |
| <b>Illness</b> coverage:<br>– Reconsideration of modification                                                                                                                                              | Application for Policy Change or Reinstatement – The Fundamental Series                                                                                                 | Underwritten | P/C                                     | n/a                  | All reconsiderations are subject to evidence of insurability and the medical underwriting guidelines in effect at the time of reconsideration. |

| Type of Change                                                                                                                                                                                                      | Form Required                                                                                                                                                                                                    | Underwritten | Policy Change (P/C) or New Policy (N/P)        | Current Age/Rates                              | Comments                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Illness</b> coverage:<br>– Reduce the monthly benefit amount<br>– Reduce the benefit period<br>– Increase the elimination period<br>– Remove BOE coverage<br>– Remove Illness coverage                           | Application for Policy Change or Reinstatement – The Fundamental Series – <b>Page one only</b><br><br>A signed request from the policy owner is also acceptable.                                                 | n/a          | P/C                                            | Original age & rates                           |                                                                                                                                                                      |
| Changes to Wage Loss Replacement Plan (WLRP):<br><br>– <u>Add</u> an in force policy to an existing WLRP<br><br>– <u>Change</u> from one WLRP to another WLRP<br><br>– <u>Remove</u> an in force policy from a WLRP | Application for Policy Change or Reinstatement – The Fundamental Series<br><b>See Comments</b><br><br>Application to Remove Wage Loss Replacement Plan Amendment – The Fundamental Series<br><b>See Comments</b> |              | P/C<br><br><br><br><br><br><br><br><br><br>P/C | n/a<br><br><br><br><br><br><br><br><br><br>n/a | Refer to <a href="#">WLRP Changes – The Fundamental Series</a><br><br><br><br><br><br><br><br><br><br>Refer to <a href="#">WLRP Changes – The Fundamental Series</a> |
| Ownership Change                                                                                                                                                                                                    | Absolute Assignment Form (Disability)                                                                                                                                                                            | n/a          | P/C                                            | n/a                                            |                                                                                                                                                                      |

| Type of Change           | Form Required                                                                                      | Underwritten                            | Policy Change (P/C) or New Policy (N/P) | Current Age/Rates    | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Occupation Class Upgrade | Application for Policy Change or Reinstatement – The Fundamental Series<br><br><b>See Comments</b> | Underwritten<br><br><b>See Comments</b> | P/C                                     | Original age & rates | <p>The insured must have been in the new occupation for a <u>minimum of 12 months</u>.</p> <p><b><u>Injury Only coverage:</u></b><br/>Can be processed as a policy change <b>within 5 years of the policy issue date</b>.<br/>Indicate the request in <u>Section B</u> under “<u>Other requests for policy change</u>”; Provide the new occupation and the date the insured began working in the new occupation. <b>Also</b> complete <u>Section D</u> and sign &amp; date the <u>Consents and Declarations</u> - page 6.</p> <p><b><u>Injury &amp; Illness coverage:</u></b><br/>Can be processed as a policy change <b>within 2 years of the policy issue date</b> <u>without</u> medical underwriting.<br/>Follow the instructions above for Injury Only coverage.</p> <p>Can be processed as a policy change <b>within 2-5 years of the policy issue date</b> <u>subject to</u> medical underwriting.<br/>Indicate the request in <u>Section B</u> under “<u>Other requests for policy change</u>”; Provide the new occupation and the date the insured began working in the new occupation. <b>Also</b> complete <u>Section D</u> and <u>Section G</u> and sign &amp; date the <u>Consents and Declarations</u> - page 6 and the <u>Authorization</u> - page 7.</p> |

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## **PREPAYMENT OF PREMIUMS**

(04/97)

Advance payment of disability, critical illness and long-term care policy premiums (more than one year in advance) is not available.

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## **REDUCTION IN COVERAGE ON POLICIES WITH FIO**

(05/2014)

Any request to reduce the amount of the monthly indemnity will result in a recalculation of the Maximum Total Option Amount.

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## REINSTATEMENTS

(October 1, 2026)

**It is recommend to refer to the reinstatement provisions of the policy contract for full details. If these guidelines differ from what is written in the contract, the contract provisions will prevail.**

### Individual Disability, Critical Illness and Long Term Care Policies

- Evidence of insurability is not required within 57 days\* (DI/LTC) / 60 days (all CI plans and Fundamental policies) of a policy lapse and money will be accepted as a late payment.
- After 57 days\* (DI/LTC) / 60 days (all CI plans and Fundamental policies), proof of insurability and remittance of all outstanding premiums are required to reinstate a policy.
- **Except where contract provisions otherwise specify**, reinstatement of lapsed policies can be considered within 6 months\* of the lapse date (DI/CI Recovery Plan/LTC). For the RBC® Critical Illness Insurance plan that launched October 1, 2026, reinstatement can be considered within 2 years of the lapse date if the policy does not contain a return of premium on surrender rider. **If the policy contains a return of premium on surrender rider, it cannot be reinstated if more than 60 days has passed since the premium was due.**
- Along with the application to reinstate a lapsed policy we require either: i) A cheque for all outstanding premiums or ii) Instructions to draft the outstanding premiums upon approval of the reinstatement, along with the applicable banking information.
- If a cheque (or draft) to reinstate is not honoured by the bank, the reinstatement is voided and, if still within 6 months\* (2 years for the RBC® Critical Illness Insurance plan) of the original lapse date, a new application for reinstatement is required with either a new current dated cheque or instructions to draft the outstanding premiums, along with the applicable banking information.
- **Any application for reinstatement that is not fully completed or is not current dated will be declined and, if still within 6 months\* (2 years for RBC® CII plan) from the lapse date, a new fully completed application for reinstatement must be submitted with a new current dated cheque or instructions to draft the outstanding premiums.**
- After 6 months\* (DI, LTC, CI Recovery plan) / 2 years (RBC® CII) from the date of lapse, reinstatement will not be considered and a new application is required to consider coverage under a new policy.
- An [Application for Reinstatement or Policy Change](#) is required for all products.
- Applications for reinstatement are fully underwritten, taking into consideration any change in insurability.
- When there has been an adverse change in insurability, reinstatement will be declined. This applies to any change in risk: occupation (exceptions noted below), avocations or habits, income, medical history, residence or travel.
- We cannot consider the reinstatement of any policy unless it can be reinstated on the same basis as it was issued originally. Under no circumstances will we offer to reinstate coverage with the addition of any exclusion, rating, reduced benefit or other adverse underwriting action.
- When reinstatement is requested on policies where the individual's occupation has been downgraded in our occupation schedule, insurability is considered to have changed and reinstatement will not be considered. A fully completed application will be required to consider coverage under a new policy. An exception to this rule is offered to dentists, veterinarians and chiropractors who may apply to reinstate their policies in class 4A if they were 4A when their policy was originally issued. This privilege does not apply to any other occupation.
- When reinstatement is requested on policies where the individual's contract is no longer offered, depending on the benefits in the contract, insurability may be considered to have changed and reinstatement will not be considered. A fully completed application will be required to consider coverage under a new policy. Affected policy contracts include, but are not limited to, those with coverage for normal pregnancy (depending on age of insured), own occupation coverage where it is no longer available for that occupation, lifetime benefits that have been withdrawn. *Note: We may reinstate Recovery Plan policies for CI according to the provisions of that contract and our underwriting guidelines even though we no longer sell the product outside of Group or GSI.*

- When a policy owner requests a reduction of coverage, deletion of benefits, increased elimination period or decreased benefit period and subsequently requests that the coverage be restored, proof of insurability is required in all cases. This rule applies regardless of the elapsed time between the original request and the request to restore coverage.
- When a policy owner requests cancellation of a policy, a producer is given five (5) days to conserve the business. In order to reverse the original cancellation request, Customer Service must receive the policy owner's written, signed and dated notice within the five (5) days indicated. After this five-day grace period, evidence of insurability is required. Requests to reinstate a cancelled RBC® CII policy that contains an ROP on surrender rider will be declined after 5 days.

### **RBC Portfolio Long Term Care Policies**

- A grace period of 31 days is allowed for submission of payment after the initial due date.
- At our sole discretion, we may extend this grace period to a maximum of six (6) months if we receive satisfactory proof that a cognitive impairment contributed to or caused unintentional lapse of coverage.
- Reinstatement may be applied for within ninety (90) days of the policy lapse date and is subject to the following:
  - Payment of all outstanding premiums;
  - An [Application for Reinstatement or Policy Change](#); and
  - Evidence of insurability that is satisfactory to us.
- The issue and participation limit is \$300 per day.

### **UnumProvident Portfolio Long Term Care Policies**

- Reinstatement of lapsed policies may be considered up to 6 months following the lapse date. Evidence of insurability is not required within 57 days of lapse, and money will be accepted as a late payment. After 57 days, reinstatement is subject to the following:
  - Payment of all outstanding premiums;
  - An [Application for Reinstatement or Policy Change](#); and
  - Evidence of insurability that is satisfactory to us.
- The issue and participation limit is \$300 per day.

### **Mandatory, Voluntary and Association GSIs (including those that lapse because of a maternity leave)**

- If a GSI policy lapses, the contractual provisions in the policy will apply.
- Regardless of the type of GSI (mandatory or voluntary) or whether or not it is still active, reinstatement is subject to an [Application for Reinstatement or Policy Change](#) and full underwriting.
- All additional underwriting requirements are at the discretion of the underwriter.

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## **RESCINDED POLICIES**

(March 31, 2022)

An applicant whose coverage has previously been rescinded by us will not be considered for new coverage on any basis. This guideline applies regardless of the time elapsed or the product requested.

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## REVERSING CANCELLED OR REDUCED COVERAGE

(March 31, 2022)

Customer Service will allow producers five (5) days to conserve their client's business when a policy owner has requested the cancellation of their policy. The policy owner must submit a signed and dated written request within this period in order to reverse the original cancellation request.

After this five day grace period, proof of insurability\* will be required in all cases.

Proof of insurability\* is required whenever a policy owner has requested deletion of benefits or a reduction in coverage and subsequently requests that the coverage/benefits be restored. This guideline applies regardless of the time elapsed.

**\*Proof of insurability** includes an [Application for Reinstatement or Policy Change](#). Applications are subject to full underwriting and [reinstatement criteria](#).

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## **UNACCEPTABLE FORMS OF PAYMENTS**

(05/2014)

Cash, money orders, a producer's personal cheque, a cheque made payable to the producer, are unacceptable forms of payment.

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## **UPDATE (PROVIDENT)**

(05/2014)

UPDATE was included on the Provident Cornerstone contract. UPDATE provided three annual automatic increases in the monthly benefit, without evidence of insurability, starting with the first policy anniversary and expiring at the third increase date. If an UPDATE increase was refused by the client, that increase could not be carried forward to a later date.

UPDATE was not renewable; it expired at the end of the initial three annual increases.

Please refer to the specific contract provisions as some prior versions of Update may have been renewable.

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## **UPDATE PLUS (PROVIDENT)**

(05/2014)

UPDATE Plus is a benefit that was available on the Cornerstone contract. This option provided the right to apply for additional three-year terms of automatic UPDATE increases and it provides the right to apply for additional increases in the monthly benefit every six years. Increases are subject to financial underwriting only.

UPDATE Plus is renewable, subject to medical and financial underwriting.

Please refer to the specific contract provisions regarding this benefit.

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## WAGE LOSS REPLACEMENT PLAN CHANGES

Refer to the [Underwriting Guidelines](#) – Financial Underwriting and Requirements – Wage Loss Replacement Plan Amendment

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## WAGE LOSS REPLACEMENT PLAN CHANGES – The Fundamental Series

Refer to the [Underwriting Guidelines](#) – Financial Underwriting and Requirements – Wage Loss Replacement Plan Amendment – The Fundamental Series