1. PURPOSE

The purpose of this Code is to provide guidance to the industry on appropriate practices for using genetic testing information as it relates to insurance.

2. DEFINITION

In this Code, "Genetic Test" is a type of medical test that identifies changes in chromosomes or genes. The results of a genetic test can confirm or rule out a suspected genetic condition or help determine a person’s chance of developing or passing on a genetic disorder.

3. SCOPE

This Code applies to members of the CLHIA in respect of their practices related to the use of genetic tests during the underwriting process for insurance applications.

4. GENETIC TESTING POLICY POSITION AND PRINCIPLES

4.1 Insurers will not require a Genetic Test be done

Insurers will not initiate or require any applicant to undergo a genetic test as part of the process of applying for insurance.

Where an applicant, of their own volition, advises an insurer that he or she is considering taking a genetic test for the purpose of insurance, the insurer should issue a clear, plain language statement similar to the following:

"Insurance companies are prepared to review any relevant information as part of the insurance application process. Knowing your genetic test results has many implications and should not be done for insurance purposes alone without first seeking professional advice from your doctor or a qualified genetics counsellor. This will
help you have a thorough understanding of the possible ramifications before you take a test. You are also encouraged to discuss genetic testing with your family."

4.2 **Insurers will not use Genetic Test results for life insurance coverage of $250,000 or less**

Insurers will not ask for, or use, the results of any genetic test an individual has taken for underwriting life insurance policies (term or permanent) of $250,000 or less, effective January 1, 2018.

For greater clarity, where an individual applies for more than one life insurance policy or already has individually underwritten life insurance in force, it is the sum of all policies that is considered for the $250,000 limit.

The $250,000 limit will apply on a lifetime basis to individually underwritten in-force life insurance coverage. For life insurance coverage of more than $250,000, an insurer may request that existing genetic testing results be made available for the purposes of classifying risk.

4.3 **Genetic testing for research purposes**

Medical research offers many benefits to society. Some concern has been raised that Canadians may be reluctant to participate in research that involves genetic testing if it could have an impact on insurability.

To support medical research and its benefits, insurers will not ask for genetic testing results from applicants where they have had a genetic test performed and they and their physician will not receive or be made aware of the results prior to insurance being issued. This approach is consistent with the principle of "equal information", as neither the applicant nor the insurer has knowledge of the results.

4.4 **Educating employees**

Insurers will educate employees so that they can reasonably be expected to understand the content and meaning of this Code where it relates to their particular jobs and responsibilities.

4.5 **Informing sales representatives**

Insurers will make available information on this Code and the issue of genetic testing for the use of authorized sales representatives and will make them aware of the need to reach out to the insurer before responding to an applicant's questions that relate to genetic testing.
4.6 Keeping informed

When assessing the overall risk associated with a particular genotype (genetic make-up), insurers will take into account the benefits of special medical surveillance, early medical intervention and the likelihood of successful treatment.

As is the case with other medical advances, insurers will have access to appropriately trained individuals (e.g., medical professionals), either internally or externally, to assist in the underwriting assessment where a genetic test result is likely to be a factor in the assessment of an application.

Insurers will keep informed of developments in genetics that affect insurance and risk assessment. Insurers will incorporate such new information into their underwriting practices.

4.7 Written consent

Insurers will ensure that results of existing genetic tests are only obtained with the written consent of the tested individual.

Insurers will not ask a third party for an applicant's genetic test result without first having obtained the applicant's written consent. This is consistent with the treatment of all medical information.

4.8 Family member test results

Insurers will not require the genetic test results of any person other than the proposed insured nor seek to obtain those genetic test results independently.

4.9 Confidentiality

Insurers will ensure that strict standards of confidentiality apply to the handling and storage of the results of genetic tests.

The CLHIA Membership Consumer Code of Ethics states the commitment of the industry to the confidential use of information: "to respect the privacy of individuals by using personal information only for the purpose authorized and not revealing it to any unauthorized person". Protecting the confidentiality of personal information has long been recognized by the industry as absolutely necessary for maintaining the trust of insurance consumers and for ensuring continued access to such information. Insurers will continue to play a leadership role in this area.
Accordingly, insurers will maintain strict standards of confidentiality in the handling and storage of all medical information, including genetic test results.

Medical information, including genetic test results, will not be used for any unauthorized purpose or be disclosed to any other party, including a physician, except with the individual's consent or when required by law.

4.10 Restricting access

Access to the results of genetic tests will be restricted to the insurer and reinsurers. The results will only be made available to other third parties with the written consent of the applicant/insured or as required by law.

Insurers will respect the privacy of the applicant in any of its dealings with third parties.

Where statistical records are kept for the purposes of identifying trends, they must be maintained in a de-identified form.

4.11 Documentation

All underwriting decisions involving a genetic test, whether or not the test was a significant factor in the decision, should be thoroughly documented so that adequate information can be provided to the applicant on request or to the applicant's physician where the applicant has provided consent.

If genetic test results are received by an insurer and have an impact on the underwriting decision, insurers will, on request, set out in clear language why the particular decision was taken.

4.12 Assisting applicants

After assessing an application involving a genetic test, an insurer may conclude that the risk is too great to insure. In these circumstances, the insurer will endeavour to provide assistance to applicants.

Insurers, directly or through their authorized sales representatives, will make information available to applicants who are denied insurance in order to help them look for other coverage.

4.13 Dispute resolution

Insurers will have a dispute resolution system to deal with complaints relating to underwriting decisions involving a genetic test result.
Insurers receiving complaints from applicants will ensure that the complaint is referred to an internal dispute resolution system. The dispute resolution system must be designed to investigate and deal with complaints in an effective and efficient manner.

After an insurer has considered the complaint by the applicant and where the dispute with the applicant remains unresolved, then the insurer's response will include a statement that the applicant may pursue the matter further through the OmbudService for Life & Health Insurance or the Autorité des marchés financiers dispute resolution process.

4.14 Annual compliance certification

Insurers' compliance with this Code will be certified annually.

Life and health insurers are highly regulated financial institutions. Insurers will monitor compliance with this Code and will take action, as appropriate, if a breach has occurred. Insurers’ compliance with this Code is subject to audit review.