

## G – General questions

	Insured	
	Yes	No
1. a) Are you a Canadian citizen or a permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you currently live in Canada?	<input type="checkbox"/>	<input type="checkbox"/>

If you are applying for a Guaranteed Issue Life Insurance product, please answer the question below and then proceed to Section K. For a Simplified Life Insurance product, proceed to Section H.

2. Has a physician informed you that you have less than 2 years to live?  Yes  No

## H – Medical questions

If you are applying for a Simplified Life Insurance product, please answer the questions below. For a Guaranteed Issue Life Insurance product, proceed to Section K. <b>For any "Yes" responses, please also answer the sub-questions.</b>	Insured	
	Yes	No
In the last month, have you been diagnosed with COVID-19 or been in contact with an individual confirmed to have COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
1. Are you currently confined to a wheelchair (that is, do you use a wheelchair for most of your moves on a weekly basis), bedridden (with the exception of pregnant women), hospitalized or do you need full-time care?	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Have you ever</b> had symptoms or been diagnosed with, received treatment, or consulted a physician for any of the following conditions:		
a) Cerebrovascular accident (CVA) or transient ischemic attack (TIA)? If yes, please answer the sub-questions.	<input type="checkbox"/>	<input type="checkbox"/>
i. Are you 60 years of age or less?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Have you had more than one incident?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Did your CVA or TIA occur less than 8 years ago?	<input type="checkbox"/>	<input type="checkbox"/>
b) Heart attack, heart or coronary artery surgery, chest pain (angina), arrhythmia or any other disorder of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
c) Cancer or malignant tumour of the thyroid? If yes, please answer the sub-questions.	<input type="checkbox"/>	<input type="checkbox"/>
i. Were you diagnosed in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Did you have metastases and/or chemotherapy treatment?	<input type="checkbox"/>	<input type="checkbox"/>
d) Cancer or malignant tumour other than thyroid cancer and basal cell carcinoma?	<input type="checkbox"/>	<input type="checkbox"/>
e) Type 1 diabetes (insulin-dependent)?	<input type="checkbox"/>	<input type="checkbox"/>
f) Type 2 diabetes? If yes, please answer the sub-questions.	<input type="checkbox"/>	<input type="checkbox"/>
i. Are you under 41 years old?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Were you diagnosed over 15 years ago?	<input type="checkbox"/>	<input type="checkbox"/>
iii. How often do you have follow-ups with your physician for your diabetes:		
<input type="checkbox"/> Less than once per year <input type="checkbox"/> Once per year <input type="checkbox"/> 2 times per year <input type="checkbox"/> 3 times per year <input type="checkbox"/> 4 times or more per year		
iv. Has your diabetes medication been changed or increased in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
v. Do you have complications, such as protein in the urine, neuromotor disorders, retinopathy, peripheral vascular disease?	<input type="checkbox"/>	<input type="checkbox"/>
g) i. Hepatitis B or C, cirrhosis, liver failure, chronic pancreatitis?	<input type="checkbox"/>	<input type="checkbox"/>
ii. renal failure, polycystic kidney disease, any other chronic kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>
h) Anemia (other than an iron deficiency diagnosed as benign, treated and stable) or other blood disorder causing recurring embolisms, phlebitis and thrombosis?	<input type="checkbox"/>	<input type="checkbox"/>
i) Schizophrenia, bipolar disorder, psychosis, suicide attempt or hospitalization for any psychological disorder?	<input type="checkbox"/>	<input type="checkbox"/>
j) Systemic lupus, muscular dystrophy, Alzheimer's disease, Parkinson's disease, memory loss, loss of balance, multiple sclerosis, amyotrophic lateral sclerosis (ALS) or any other neurological disorder (excluding migraines investigated by a physician)?	<input type="checkbox"/>	<input type="checkbox"/>
k) HIV test with positive results?	<input type="checkbox"/>	<input type="checkbox"/>
l) Ulcerative colitis or Crohn's disease? If yes, please answer the sub-questions.	<input type="checkbox"/>	<input type="checkbox"/>
i. Were you diagnosed in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
ii. In the last 5 years, have you had more than one attack or flare-up per year?	<input type="checkbox"/>	<input type="checkbox"/>

**H – Medical questions (continued)**

	Insured	
	Yes	No
3. <b>In the last 3 years</b> , have you had symptoms or been diagnosed with, received treatment, or consulted a physician for a respiratory or pulmonary disorder (other than asthma, cold, flu or bronchitis, treated sleep apnea, pneumonia)?	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>In the last 12 months</b> , have you been informed of an abnormal result on one of the following tests:		
a) Imaging including ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
b) Mammography or any other breast imaging test	<input type="checkbox"/>	<input type="checkbox"/>
c) EKG (electrocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>
d) Biopsy or pathology report results	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>In the last 2 years</b> , have you been informed of an abnormal result on one of the following tests:		
a) Chest x-ray or pulmonary scan	<input type="checkbox"/>	<input type="checkbox"/>
b) MRI or tomography (CT scan)	<input type="checkbox"/>	<input type="checkbox"/>
c) Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>
d) PSA (prostate specific antigen)	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>In the last 12 months</b> , have you been absent from work for more than 1 month for a psychological disorder or was your medication for a psychological disorder increased?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you consulted a physician for a disease or disorder that has not yet been diagnosed or for which the tests are ongoing or incomplete? Are you waiting on an investigation, result or operation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received an abnormal test result, but have not yet consulted a physician?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have symptoms or health problems for which you have not yet consulted a physician, such as: breast mass or lump, shortness of breath, chest pain, unexplained weight loss, dizziness, loss of memory or balance, numbness, difficulty passing urine, blood in urine, rectal bleeding or any other problem not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have any members of your family, including father, mother, brother or sister, had familial adenomatous polyposis (or Gardner syndrome), Lynch syndrome, Huntington's chorea or polycystic kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>

**I – Questions about lifestyle**

	Insured	
	Yes	No
1. <b>Have you ever</b> received counselling, treatment or been advised to reduce your consumption or to undergo treatment for your alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>In the last 10 years</b> , have you been charged with or been convicted of a criminal offence or are you currently on probation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your driver's licence suspended at the moment?	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Have you ever</b> been charged <b>more than once</b> for impaired driving?	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>In the last 2 years</b> , have you received more than 3 driving offences?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your profession fall under one of the following categories? <ul style="list-style-type: none"> <li>• Journalism and photojournalism (international assignments)</li> <li>• Asbestos worker</li> <li>• Professional athlete</li> <li>• Military currently deployed or on order to be deployed</li> <li>• Commercial aviation (other than pilot for a major airline)</li> <li>• Worker in a bar/nightclub – striptease, escort</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>In the last 2 years</b> :		
a) have you flown as a private pilot or student pilot?	<input type="checkbox"/>	<input type="checkbox"/>
b) gone scuba diving deeper than 100 ft, gone parachuting (other than a single tandem jump) or hang gliding, participated in motor vehicle racing, been mountain climbing (with the exception of indoor climbing), out of bounds skiing or snowboarding including by helicopter or by snowcat, off-trail snowmobiling or done any other extreme sport?	<input type="checkbox"/>	<input type="checkbox"/>

**I – Questions about lifestyle (continued)**

	Insured	
	Yes	No
8. <b>In the next 12 months</b> , do you intend to travel or live outside of Canada:		
a) for more than six (6) months?	<input type="checkbox"/>	<input type="checkbox"/>
b) in a destination other than the following countries: the Caribbean/Antilles as part of an all-inclusive vacation, United States, Mexico, European Union countries, United Kingdom, Hong Kong, China, Japan, Australia, New Zealand, India?	<input type="checkbox"/>	<input type="checkbox"/>

9. What is your tobacco use?

**Cigarettes, cigars, cigarillos, electronic cigarettes/vaping, nicotine substitutes, or any other product containing tobacco or nicotine****I used**

- In the last month  
 In the last 3 months  
 In the last 6 months  
 In the last 12 months  
 Between 1 and 5 years ago  
 Over 5 years ago  
 Never

**My typical usage is/was**

- 30 or more per day  
 20-29 per day  
 10-19 per day  
 1-9 per day  
 Less than 7 per week  
 Less than once per week  
 Less than once per month

10. What is your marijuana use?

**I used**

- In the last month  
 In the last 3 months  
 In the last 6 months  
 In the last 12 months  
 Between 1 and 5 years ago  
 Over 5 years ago  
 Never

**My typical usage is/was**

- More than 2 times per day  
 More than 1 time per day  
 Once per day  
 Less than 7 times per week  
 Less than 3 times per week  
 Less than once per week  
 Less than once per month

11. Tell us about your drug use:

**Heroin, cocaine, hallucinogens or any other drug not prescribed by a physician, except for over-the-counter medication****I used**

- In the last month  
 In the last 3 months  
 In the last 6 months  
 In the last 12 months  
 Between 1 and 6 years ago  
 Over 6 years ago  
 Never

12. On average, how many of these alcoholic beverages do you drink per week:

	I drink per week
Beer (341 ml)	
Wine (1 glass = 142 ml)	
Liquor/Spirits (1.5 oz)	

**J – Question about height and weight**

1. What is your height: \_\_\_\_\_  ft  m  
2. What is your weight: \_\_\_\_\_  lbs  kg