



Policy Acknowledgement Report and Declaration of Insurability

SSQ, Life Insurance Company Inc., 1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9

Policy No.: _____ Policyowner(s): _____

Insured(s): _____

Declaration of insurability

I(we), the undersigned, acknowledge receipt of the above-mentioned insurance policy and certify that, since the declarations were signed by the insured person(s), there have been no changes with regards to these declarations in the application and/or the paramedical / medical exam and/or the telephone interview and/or the questionnaire(s), namely:

1. No change regarding personal history such as hazardous sports, alcohol consumption, drug use, driving infractions, criminal offences, tobacco use and foreign travel.
2. No change regarding medical history.
3. No symptoms, signs or ailments for which a physician has not yet been consulted.
4. No medical investigation or tests have been passed or are planned.
5. No physician, chiropractor, psychologist, physiotherapist or other health professional has been consulted for any reason whatsoever.
6. No request for life insurance, critical illness insurance, disability insurance or policy reinstatement has been declined, rated, postponed or otherwise modified.
7. No bankruptcy has been declared.
8. No contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19).
9. No quarantine or mandatory isolation, due to a possible exposure to novel coronavirus (SARS-CoV-2/COVID-19).

If one or another of these declarations is inaccurate, please provide details in the space provided for this purpose or on a separate page. All separate pages must be signed and dated.

Inaccurate statement(s): Please indicate the reference number and the details.

I(we) hereby accept that the previous declarations form an integral part of the insurance policy issued and that they have the same value as if they were included in the original application.

Signed at _____, on this _____ day of _____ 20 _____.

X

Signature of witness

X

Signature of witness

X

Signature of witness

X

Signature of witness

X

Signature of insured 1

X

Signature of insured 2

X

Signature of the policyowner 1

X

Signature of the policyowner 2

****Please return the original document, duly completed, to the insurer****