

GENERAL INFORMATION	
FIRST NAME	NAME
DATE OF BIRTH (DD/MM/YYYY)	APPLICATION NUMBER

The full complement for critical illness coverage may not be available if your client has one or more of the following conditions. **Before** you complete an application, please run through this checklist with your client. If he or she has ever suffered from or been diagnosed with any of the following impairments **do not submit an application.**

- AIDS, a positive HIV test or AIDS related disease
- Alcohol or drug abuse within 3 years
- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
- Aortic Surgery
- Benign Brain Tumor
- Cancer \*
- Cystic Fibrosis
- Diabetes other than adult onset
- Heart disease, including heart attack, angina, valvular surgery, coronary bypass surgery or angioplasty
- Heart Valve Replacement
- Hemophilia
- Hepatitis other than Hepatitis A
- Huntington's Chorea
- Kidney Disease other than kidney stone
- Motor Neurone Disease
- Multiple Sclerosis
- Organ Transplant
- Parkinson's Disease
- Permanent Paralysis
- Stroke or Transient Ischemic Attack (TIA)
- Systemic Lupus Erythematosus (SLE)

There may, of course, be other impairments where critical illness coverage is not available. If you are unsure, please call your underwriter before filling out an application.

\* Applicants with certain cancers including skin cancers other than melanoma, or certain early stage cancers may be eligible of coverage. Please consult your underwriter.