



Individual insurance

Request for Non-smoker rates

Version: July 2023

Beneva Inc.
1225 Saint-Charles Street West, Suite 200
Longueuil, Quebec J4K 0B9

Instructions for advisors

Please complete this form for a request for Non-smoker rates. A fee of \$25 is applicable for a request for Non-smoker rates of a universal life insurance policy.

If the request is for a last to die coverage, each insured must answer this questionnaire.

Please note that a urine analysis is required for amounts above \$250,000 for Life and Critical Illness or for amounts above \$2,500 for Pillar Disability Insurance.

If there is more than one policyowner, EACH policyowner must sign this form.

General information

Name and last name of the insured (please print)

Date of birth
 Policy number

Name and last name of owner if different from insured

	Yes	No
<p>1. In the last twelve (12) months, have you used tobacco or consumed any product containing nicotine such as cigars, cigarillos, cigarettes, marijuana (cannabis) with tobacco, electronic cigarettes, vaping products, pipes, nicotine gum or patches?</p> <p>If no, indicate the date of last use <input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="D"/><input type="text" value="D"/></p> <p>If yes, indicate: Used product: _____ Quantity per month: _____</p> <p>Date of last use: <input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="D"/><input type="text" value="D"/></p>	<input type="checkbox"/>	<input type="checkbox"/>

2. Height: _____ ☐ ft ☐ m Current weight: _____ ☐ lb ☐ kg

Since the issue date of your policy at Beneva Inc.:		
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3. Have you had any signs or symptoms, performed tests/examinations, been treated or diagnosed for the following conditions:

Heart problems, chest pain, stroke, diabetes, cancer, tumor, hepatitis, liver cirrhosis or any other disorder of the digestive system, multiple sclerosis, paralysis, or any other neurological disorder, chronic bronchitis, emphysema depression, anxiety, suicidal ideation, blood disorder, HIV, disorder of the bladder, kidney, prostate or any other disease or disorder not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
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4. Have you stayed more than 24 hours in a hospital, clinic, therapy centre, convalescence center or any other health facility (do not report deliveries)? ☐ ☐

5. Have you had any signs, symptoms or discomfort for which you have not yet consulted? ☐ ☐

6. Have you been advised to undergo a medical treatment, a surgery, an examination or to have any diagnostic tests, which have not been done yet or has been completed but the results not received (do not report any genetic testing or results)? ☐ ☐

If yes to questions 3, 4, 5 and 6, please provide details below:

[illegible]

7. Have you used cannabis products for recreational or medical purposes (include all forms of cannabis, marijuana and hashish)? ☐ ☐

If yes, please provide details below:

Type	Quantity	Frequency	Dates of use	Purpose																
<input type="checkbox"/> Joint	Number of joints: _____	<input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	From: <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> To: <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	<input type="checkbox"/> Recreational <input type="checkbox"/> Medical*
Y	Y	Y	Y	M	M	D	D													
Y	Y	Y	Y	M	M	D	D													
<input type="checkbox"/> Edible <input type="checkbox"/> Oil <input type="checkbox"/> Other : specify _____	_____	<input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	From: <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> To: <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	<input type="checkbox"/> Recreational <input type="checkbox"/> Medical*
Y	Y	Y	Y	M	M	D	D													
Y	Y	Y	Y	M	M	D	D													

* If the use is for medical purposes, provide the following details: Reason: _____ Prescribed: ☐ Yes ☐ No

			Yes	No								
8. Have you used drugs or narcotics not prescribed by a doctor (e.g.: cocaine, ecstasy, LSD, magic mushrooms, heroin, fentanyl, anabolic steroids, etc.)?			<input type="checkbox"/>	<input type="checkbox"/>								
If yes, please provide details below:												
Type of drugs or narcotics	Quantity	Frequency	Dates of use									
	_____	<input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	From: <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D	
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Y	Y	Y	Y	M	M	D	D					
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Y	Y	Y	Y	M	M	D	D					
	_____	<input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	To: <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D					

Notice to proposed insured(s) and policyowner(s)

Notice regarding the investigative consumer report

For the insurance applications to be processed, all insurance companies, including Beneva Inc., may ask for a personal investigative consumer report in order to obtain information through personal interviews with neighbours, friends, associates and other designated people. The investigative consumer report may concern your reputation, lifestyle and finances. A representative of a consumer reporting agency may visit you or call you.

Notice regarding the MIB, LLC

Certain information must be collected when an insurer receives an application for insurance, and this information must be as complete as possible. The information collected may be of a medical or personal nature or regard your solvency.

To help ensure fair underwriting for all insureds, most insurance companies, including Beneva Inc. (Beneva), work with an organization called the MIB, LLC (MIB).

Information regarding your insurability will be treated as confidential. Beneva or its reinsurers may, however, make a brief report thereon to MIB, LLC, which operates an information exchange on behalf of insurance companies that are members of MIB Group Inc. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, LLC, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB by emailing Canadadisclosure@mib.com or calling 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734. Your information may be transmitted and stored outside of Canada and governed by the laws of foreign countries or states.

Beneva or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Notice regarding the protection of your personal information

Protecting your personal information is a priority for Beneva¹. For this reason, we want to inform you that we collect, use and disclose your personal information only with your consent, unless otherwise permitted by law, and only for the time necessary to:

- identify you
- establish and update your profile, needs and objectives
- evaluate your applications and eligibility for our products and services
- provide you with advice related to your situation
- administer your contracts as well as your products or services (e.g. : pricing, underwriting, enrolment, claims processing, etc.)
- comply with legal and regulatory requirements (e.g. : preventing, detecting or deterring violations, cyber threats, fraud, etc.)
- obtain your feedback on our products and services
- provide you with personalized offers and advice about our products and services (refer to your right to withdraw consent) based on your preferences and in compliance with the rules governing electronic and telephone communications
- conduct studies and research, including the design and application of statistical models, some of which may allow for creating or inferring new information about you

How does Beneva collect your personal information?

We may collect your personal information over the telephone, in person, and through the use of our forms and our digital platforms.

Who does Beneva share your personal information with?

For the purposes described above, and only in connection with your products and services, we share your personal information with our affiliates and distribution networks and with third parties, some of which may be located outside of Quebec and Canada.

These third parties may include:

- other financial institutions, such as insurers and reinsurers
- other organizations or entities that have information about you, including insurance, fraud or claims information
- intermediaries
- credit assessment agencies
- government departments, agencies or regulatory authorities
- employers
- claims-related service providers, such as healthcare professionals and auto repair shops
- other agents and service providers (technology services, printing and mailing services, etc.)

Please note that in all cases, we ensure that they respect the protection of your personal information.

What are your rights regarding access and rectification?

You may access your personal information or request the correction of incomplete or inaccurate information. Send us a request to the following address:

Personal Information Protection Officer

Beneva
625 rue Jacques-Parizeau
Quebec QC G1R 2G5

ResponsablePRP@beneva.ca.

For more information about our personal information protection practices, please refer to the complete version of our Personal Information Protection Statement at www.beneva.ca.

Your consent for the collection, use and disclosure of your personal information is necessary in order to provide the product or service requested or offered. You have the right to withdraw your consent, but Beneva will not be able to continue providing you with its products or services.

Declarations

I declare that the above answers are complete, exact, true and up to date and shall form part of my application.

- 1. Declare having been made aware that Beneva may gather personal information using technology that has identification, localization and profiling features, which are necessary for evaluating applicants. This is the case for the electronic application, which is used to assess a person's risk profile in order to provide the best possible premium. The undersigned agree that submitting an application initiates this process.
- 2. Declare having been made aware that Beneva may use their personal information to make entirely automated decisions (i.e. no human intervention). For example, in the case of an electronic application, an automated decision may be made in an effort to accelerate the underwriting process, including premium calculation and risk selection.
- 3. Declare having been made aware of the personal information protection notice as well as of all other notices sent to the applicant(s) and the owner(s) as well as having accepted the terms and conditions herein.

X
Signature of the insured

X
Signature of the owner – only necessary if not the insured

Date

Authorizations

Your authorizations are necessary in order to provide and administer your products and services.

- 1. Authorize all healthcare professionals and service providers, hospitals and public or private health or social services facilities, all insurers or reinsurers, the MIB, LLC, credit bureaus as well as all other individuals or corporations holding personal information related to their health, medical history or lifestyle habits, as required for the purposes indicated in the protection of personal information notice, to provide said information to Beneva Inc. or its reinsurers. This authorization is valid for the specific period required to process the application. A photocopy or digital version of this authorization is as valid as the original.
- 2. Authorize Beneva Inc. and its reinsurers to gather, use and provide, for the purposes indicated in the protection of personal information notice, to all healthcare professionals and service providers, hospitals and public or private health or social services facilities, all insurers or reinsurers, the MIB, LLC, credit bureaus as well as all other individuals or corporations holding personal information related to their health, medical history and lifestyle habits. This authorization is valid for the specific period required to process the request. A photocopy or digital version of this authorization is as valid as the original.
- 3. Authorize Beneva Inc. and its reinsurers to gather personal information from a credit bureau for the purposes of pricing, underwriting, assessment, research and development, statistical model creation and application, regulatory and contractual compliance as well as the prevention and detection of fraud, errors and misrepresentation. This authorization is valid for the specific period required to process the request.
- 4. Authorize, in the event of death, the beneficiary, the heir or the estate liquidator to provide Beneva Inc. and its reinsurers, when required, with all the information and consents required to obtain the necessary proof and process the death benefit claim.

Insured
I acknowledge having read the 4 authorizations above-mentioned and agree to them.

Name of insured (please print)

X
Signature of insured

Date

Information about financial security advisor / representative

Name of financial security advisor (please print)

Code of financial security advisor / representative

X
Signature of financial security advisor / representative

Date

This notice must be given to the insured at all times.
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