HUNTER McCORQUODALE

the co-operators®
A Better Place For You®

Acceptional Life™ is insured and underwritten by Co-operators Life Insurance Company and is distributed by Hunter McCorquodale and its contracted sales advisors.

Acceptional Life™
CORONARY ARTERY DISEASE QUESTIONNAIRE

PROPOSED LIFE INSURED

Name _____ _____ _____
First Name   Initial   Last Name

Date of Birth _____ ☐ Male ☐ Female   Height _____ ☐ ft/in ☐ cm   Weight _____ ☐ lbs ☐ Kg
MMM/DD/YYYY

QUESTIONNAIRE

1. Description of impairment _____

2. Age when diagnosed _____

3. Were corrective procedures done, such as bypass or angioplasty? ☐ Yes ☐ No

   If yes, when were procedures done? _____

   If more than one, dates performed _____

   If yes, how many vessels were involved? _____

4. Was there a heart attack? ☐ Yes ☐ No

5. Do you know your ejection fraction? ☐ Yes ☐ No

   If yes, what is your ejection fraction? _____

6. Are there any current symptoms? ☐ Yes ☐ No

   If yes, give details and dates _____
   _____
   _____

7. Date of most recent stress EKG, echo, etc. _____ Date of most recent cardiologist visit _____
MMM/YYYY   MMM/YYYY

8. Are your activities restricted in any way? ☐ Yes ☐ No

   If yes, give details _____
   _____

9. Do you participate in a cardiac rehab or other exercise program? ☐ Yes ☐ No

   If yes, give details _____
   _____

10. Do you currently smoke? ☐ Yes ☐ No

    If no, have you smoked in the past? ☐ Yes ☐ No

    If yes, when did you quit (Give details)? _____
    _____

11. List all medications that you presently take _____
    _____

12. Is there any other history or condition that you think may affect your insurability? ☐ Yes ☐ No

    If yes, please provide a brief summary, or complete the appropriate questionnaire. _____
    _____
    _____

AL CADQ (11/15)
Acceptional Life ™ is a trademark of Co-operators Life Insurance Company and is used with permission.
The Co-operators ® used by Co-operators Life Insurance Company under license from The Co-operators Group Limited.
PG 1 of 2

PRIVACY AND AUTHORIZATION

> **Co-operators Life Insurance Company Privacy Statement**
> The Co-operators is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

At The Co-operators, we recognize and respect the importance of privacy. When you enrol for insurance coverage or submit a claim, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering, adjudicating and/or servicing your insurance. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other persons we have authorized who have a need to know it to perform their duties. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. We may store or process your personal information in Canada, the United States or other countries for processing, storage, analysis or disaster recovery and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information. You can find more details about The Co-operators privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact our Privacy Officer at The Co-operators at Priory Square, Guelph, ON, N1H 6P8, Tel: 1-888-887-7773, E-mail: privacy@cooperators.ca (please include The Co-operators company you deal with in your inquiry).

If you do not agree with our use and disclosure of your information in connection with your application and servicing any policy that we issue, we will not be able to offer you the insurance product you are interested in, service your insurance or adjudicate your claim.

I declare and certify that the above information is true and complete and shall form part of my Application. I understand the personal information provided on this form will be used by Co-operators Life Insurance Company for underwriting purposes, and for any other lawful purpose in accordance with applicable federal and provincial laws. I also understand that Co-operators Life Insurance Company is relying on the information I have provided and if I have misrepresented any information, that Co-operators Life Insurance Company will be entitled to void my policy(ies).

Applicant Signature _____   Date _____
                                                                                                                                MMM/DD/YYYY

AL CADQ (11/15)

Acceptional Life ™ is a trademark of Co-operators Life Insurance Company and is used with permission.
The Co-operators ® used by Co-operators Life Insurance Company under license from The Co-operators Group Limited.

PG 2 of 2