

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

GASTROINTESTINAL DISORDER QUESTIONNAIRE

PROPOSED LIFE INSURED

Name _____
First Name Initial Last Name

Date of Birth _____ Male Female Height _____ ft/in cm Weight _____ lbs Kg Smoker Yes No
MMM/DD/YYYY

QUESTIONNAIRE

- Have you ever had any indication of or sought advice or been treated for any of the following:
 - Stomach Disorder
 - Gastric Ulcer
 - Peptic Ulcer
 - Esophageal Disorder
 - Ulcerative Colitis
 - Crohn's Disease
 - Intestinal Disorder
 - Other
 If other, please specify (include diagnosis and date of diagnosis, if known) _____
- Date of onset of symptoms _____
MMM/YYYY
 - Date symptoms last occurred _____
MMM/YYYY
 - Severity of symptoms _____
 - Type of symptoms _____
 - How often do symptoms occur? _____
 - How long do symptoms last? _____
- Have you lost weight in the last two years? Yes No
 If yes, please indicate how much and cause of weight loss _____

- Have any tests or investigations been completed? Yes No

If yes, please specify type, date and result:

Type	Date <small>MMM/YYYY</small>	Results
Gastroscopy		
Endoscopy		
Colonoscopy		
Sigmoidoscopy		
X-ray studies		
Other (specify): _____		

- Have any tests or investigations been recommended? Yes No
 If yes, please specify nature of test or investigations and date scheduled _____
- Have you ever had any surgery(ies) for this condition? Yes No
 If yes, please specify date(s), name of hospital and nature of the surgery(ies) _____
 - Have you been told you may need surgery in the future? Yes No
 If yes, please specify type of surgery and date if already scheduled _____
 - Have you ever been hospitalized for this condition for any other reason(s)? Yes No
 If yes, advise date(s), and name and address of hospital(s): _____
- Are you currently taking any medication? Yes No
 If yes, please indicate name(s), dosage(s), and frequency of medication(s) _____

QUESTIONNAIRE (CONTINUED)

7. Have you ever lost time from work due to this condition? Yes No

If yes, provide details including dates and duration of each period of absence from work _____

8. Have your job duties or daily activities ever been restricted or modified in any way because of this condition? Yes No

If yes, describe restrictions, modifications or limitations _____

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