

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

1. Provide additional details regarding your history of _____
2. Describe all the symptoms relating to the above history (also specify right or left, if applicable): _____

3. a) When did your symptoms first occur? _____ When did your symptoms last occur? _____
MMM/YYYY MMM/YYYY
- b) Duration of symptoms _____
- c) How many episodes have you had? _____

4. Have any tests or investigations been completed? ☐ Yes ☐ No

If yes, specify type, date, and results:

Type	Date (MMM/YYYY)	Results

5. Do you have any tests or investigations pending or have any been recommended? ☐ Yes ☐ No

If yes, specify the nature of the test(s) or investigation(s) and date(s) scheduled _____

6. Has your physician provided a diagnosis? ☐ Yes ☐ No

If yes, provide full details, including the diagnosis and date of diagnosis _____

7. a) Are you currently having any form of treatment or taking any medications? ☐ Yes ☐ No

If yes, indicate full details of all treatment and name(s) of all medication(s) _____

- b) Have you ever been advised to have other treatment or surgery for this condition? ☐ Yes ☐ No

If yes, provide details, including date(s) and results _____

8. Have you ever consulted an emergency room or been hospitalized for this condition? ☐ Yes ☐ No

If yes, advise date(s), reason(s) and name and address of hospital(s) _____

9. Have you ever been referred to a specialist for this condition? ☐ Yes ☐ No

If yes, please provide details:

Name _____
First Name Initial Last Name

Address _____
Street City Province Postal Code

Frequency of follow-up visits _____ Date of last consultation _____
MMM/YYYY

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

If yes, provide details including dates and duration of time off work _____

11. 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 _____

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