

RESPIRATORY QUESTIONNAIRE

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

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 disease or disorder of the lungs or respiratory system (check applicable disorders)?
 Asthma Chronic Bronchitis Chronic Cough Emphysema Pneumonia Chronic Obstructive Pulmonary Disorder (COPD)
 Other (specify) _____
- When did the first episode occur? _____
 - When was the last episode? _____
 - Do the episodes occur year round or seasonally? _____
 - How often to the episodes occur? _____
 - How long do they last? _____
 - If you have asthma, is it exercise or cold induced? Yes No
- Have you ever been hospitalized or treated in the Emergency Department? Yes No
 If yes, provide date(s) _____

 If yes, what was the length of time on each occasion _____

- Are you presently on any medications (including inhalers, etc.)? Yes No
 If yes, list type of medications and dosage(s) _____

 If yes, how often are medications used? _____
 - Do you or have you ever taken cortisone or steroids? Yes No
 If yes, provide details _____
 If yes, what was the length of time on each occasion _____
- Have you ever undergone any diagnostic tests? Yes No
 a) If yes, specify type, date and results:

Type	Date (MMM/YYYY)	Results
<input type="checkbox"/> Chest X-ray		
<input type="checkbox"/> Pulmonary Function Test		
<input type="checkbox"/> Bronchoscopy		
<input type="checkbox"/> CT Scan		
<input type="checkbox"/> Other (specify) _____		

- Have any tests or investigations been recommended? Yes No
 If yes, specify nature of test(s) or investigation(s) and date(s) scheduled _____

QUESTIONNAIRE (CONTINUED)

6. Have you ever used any form of tobacco, marijuana, nicotine product or nicotine substitute? Yes No

If yes, provide details:

Type Used	Quantity Used	Frequency	Date Last Used (MMM/YYYY)
		Per: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
		Per: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
		Per: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
		Per: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

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

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

9. List the name(s) and address(es) of your regular physician and any specialist consulted in the last 5 years and date last seen:

Name	Address	Date Last Seen (MMM/YYYY)

10. Provide any other additional Information _____

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