

Personal Information

Applicant (*please print full name*): _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____
(day/month/year)

Citizenship: _____ Occupation: _____

Nature of Duties: _____

Salary: CDN \$ _____ Beneficiary:(if applying for **AD&D** coverage) _____

Please circle one

- | | | |
|---|-----|----|
| 1. Are you now, and have you been in sound health for one year preceding this application?
If NO , please give details. | YES | NO |
| 2. Do you have any physical impairments or disabilities (including hearing or sight)?
If YES , please give details. | YES | NO |
| 3. Do you have any of the following: If YES , please give details. | | |
| a) Epilepsy or disorder of the brain? | YES | NO |
| b) Heart Disease? | YES | NO |
| c) Diabetes requiring an increase in medication in the last 6 months? | YES | NO |
| d) Hemophilia? | YES | NO |
| 4. Have you ever been declined or accepted on special terms for Life Insurance, Accident or
Accident and Health Insurance? If YES , please give details. | YES | NO |
| 5. Does your current occupation involve, or is it likely to involve, any extra risk to accident
or exposure to the risk of contracting a disease? If YES , please give details. | YES | NO |

Signature: _____

Date: _____
(day/month/year)