

Health Questionnaire

Certificate Number _____

NOTE: Co-operators Life Insurance Company must approve your insurance application before coverage becomes effective.

Please read this health questionnaire carefully. It is important that your answers are true and correct, as Co-operators Life Insurance Company relies on them to confirm your eligibility for insurance. If you provide incorrect information or fail to disclose information, your insurance may be void from the beginning and treated as never in force. This form is not an insurance application. If you have any questions about the information you are asked to provide, please call customer service, LGM Financial Services Inc., at 1-800-510-8372.

The completed and signed health questionnaire is to be retained by the dealership in the event a copy is requested by Co-operators Life Insurance Company.

GENERAL HEALTH RELATED QUESTIONS (for Life and/or Disability Insurance)

- 1. Within the past 36 months, have you had any indication of, been diagnosed with, received any medical advice, consultation, investigations, tests, treatment, medication or counseling (whether initial or follow-up) from any doctor or other health care provider (whether or not a confirmed diagnosis has been made) with regards to any disease, disorder, illness, injury, impairment or symptoms relating to:
- Chest pain, heart, heart attack, angina, palpitations, irregular heart beat, high blood pressure, high cholesterol, heart murmur, rheumatic fever, coronary artery disease, stroke, transient ischemic attack (TIA), disorder of the blood, blood vessels or circulatory system?
- Shortness of breath, asthma, emphysema, tuberculosis, persistent cough or hoarseness, disorder of the lungs or chronic respiratory disorder?
- Esophagus, stomach, intestines, bowel, colon (including Crohn's or colitis), rectum, pancreas, liver, hepatitis, kidneys, bladder, prostate or reproductive organs?
- Cancer, tumour (benign or malignant), leukemia, or disorder of the lymph nodes?
- Diabetes, thyroid or endocrine disorder?
- Brain or nervous system disorder, epilepsy or seizure disorder, paralysis, multiple sclerosis, muscular dystrophy, Parkinson's or any neurological disorder?
- Arthritis, neuritis, sciatica, disorder of the bones, neck, spine, back, joints, ligaments or muscles?
- Fibromyalgia, chronic fatigue syndrome, or lupus?
- Anxiety, depression, psychosis, schizophrenia, suicide attempt or psychiatric illness?
- Alcohol, substance or drug abuse?
2. Have you ever been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS related complex), HIV (Human Immunodeficiency Virus); had an abnormal or inconclusive result from an HIV test, or had any other immunological disease or disorder?
3. Within the past 36 months have you had any disease, disorder, illness, injury, impairment or symptoms (excluding normal pregnancy) for which you have been hospitalized or admitted to a treatment center, or for which you have not yet sought treatment?

My response applies to any and all of the above questions.

APPLICANT 1 RESPONSE Yes No
APPLICANT 2 (If applicable) RESPONSE Yes No

CRITICAL ILLNESS RELATED HEALTH QUESTIONS (answer only for Critical Illness Insurance)

- 1. Have you ever had any indication of, been diagnosed with, received any medical advice, consultation, investigations, tests, treatment, medication or counseling, whether initial or follow-up from any doctor or other health care provider, whether or not a confirmed diagnosis has been made with regards to any disease, disorder, illness, injury, impairment or symptoms relating to:
- Cancer, tumour, leukemia, polyp or other growth, blood disorder or any form of malignant disease?
- Chest pain, heart, heart attack, angina, palpitations, irregular heart beat, high blood pressure, high cholesterol, rheumatic fever, coronary artery disease, stroke, transient ischemic attack (TIA), disease or disorder of the blood, heart or circulatory system, abnormal ECG, or any other disease or disorder of the blood, blood vessels or circulatory system?
- Diabetes; kidney, bladder, or pancreas; disorder of the prostate, ovaries, uterus or breast; hepatitis or any disorder of the liver, digestive system, esophagus, stomach, intestines, bowel, colon (including Crohn's or colitis), or rectum; lung or respiratory disorder; epilepsy or seizure disorder, paralysis or other neurological or brain disorder; been diagnosed with AIDS (Acquired Immune Deficiency Disease), ARC (AIDS Related Complex), HIV (Human Immunodeficiency Virus), or had an abnormal or inconclusive results from an HIV test; or had any other immunological disease or disorder?

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- Anxiety, depression, psychiatric illness, alcohol, substance or drug abuse?
2. Are you aware of any symptoms or complaints regarding your health for which you have not yet consulted a doctor; or have you been advised to have investigations, tests or surgery which has not yet been completed?
 3. Have you ever had an application for life, critical illness or disability insurance rated (issued at a higher premium), modified, voided, cancelled or declined?
 4. Have your parents, brothers or sisters had heart disease, angina, heart attack, stroke, high blood pressure, high cholesterol, blood disorder, kidney disease, diabetes, cancer or any hereditary disease diagnosed prior to age 60?
My response applies to any and all of the above questions.

APPLICANT 1

RESPONSE

_____ Yes No

APPLICANT 2 (If applicable)

_____ Yes No

CONTACT INFORMATION

Co-operators Life Insurance Company will contact you by telephone to obtain additional health and medical information to help us assess your eligibility for insurance.

APPLICANT 1	CONTACT NUMBER	PREFERRED TIME TO CALL	TIME ZONE	HOME/OFFICE/CELL
_____	_____	_____ to _____	_____	_____
APPLICANT 2 (If applicable)	_____	_____ to _____	_____	_____

DECLARATION AND SIGNATURE(S)

I declare that my response(s) to the health questions above are true and complete and have been correctly recorded. I understand that if I provide incorrect information or fail to disclose information, my insurance may be void from the beginning and treated as if never in force.

Name: _____ Signature: _____ Date: _____ (mm/dd/yyyy)

Name: _____ Signature: _____ Date: _____ (mm/dd/yyyy)

MEDICAL INSURANCE BUREAU (MIB) PRE-NOTICE

Information regarding your insurability will be treated as confidential. Co-operators Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to MIB Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction at: 330 University Avenue, Suite 501, Toronto, Ontario M5G 1R7. Co-operators Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

YOUR PRIVACY MATTERS TO US

We recognize and respect the importance of privacy. When you enrol for insurance coverage, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering and servicing your insurance. You may access and correct, if needed, the personal information in your file by sending a request in writing to Co-operators Life Insurance Company, c/o LGM Financial Services Inc., Suite 400, 1021 West Hastings Street, Vancouver, British Columbia V6E 0C3, Attention: Privacy Officer. 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. We may store or process your personal information in Canada, the United States or other countries and, under applicable law, governments, courts, law enforcement or regulatory agencies may, by lawful order, obtain disclosure of your personal information. For more information about us and our privacy practices, please visit www.cooperators.ca and www.lgm.ca.