



POLICYHOLDER (GROUP NAME & NUMBER:)

ENROLLMENT: Employee Dependents Dependent Life First in Line

BENEFITS: Life Extended Health Dental * Critical Illness Weekly Income (WI)*+
 Long Term Disability (LTD)*+

* Applicable only if coverage appears on Master Policy.
+ Weekly Income and Long Term Disability coverage not available for dependents.

Please print or type

1. Employee's Name _____ Occupation _____
Date of Birth _____ Age _____ Height _____ Weight _____

2.

Full Name of Dependent	Relationship to Employee	Date of Birth	Age	Height	Weight
A.					
B.					
C.					
D.					

DECLARATION OF INSURABILITY (TO BE COMPLETED BY EMPLOYEE)

3. **Have you or your spouse or dependent(s) ever had or been treated for any illness or disorder affecting the following: (circle conditions which apply IN LEFT HAND COLUMN and provide details)**

Medical History	Yes	No	Emp/Sp/Dep	Provide details: date, treatment, results, doctor/hospital
a. Heart and blood such as: high cholesterol, abnormal blood pressure, stroke, heart murmur, angina or chest pain, heart attack, poor circulation or other disorder of heart, blood or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b. Digestive system such as: disorder of stomach, intestines, colitis or ulcers, liver, hepatitis, pancreas, gallbladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c. Glandular system such as: allergies, anemia, diabetes, skin disorders or thyroid disorders, other diseases of the glands or disorder of breast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d. Immune system such as: AIDS or other disorders of the immune system, or test results indicating exposure to the AIDS virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e. Musculo-skeletal system such as: arthritis, rheumatism, gout, bones or joints, back/neck or any other disorders of the muscles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f. Nervous system such as: mental and emotional disorders (anxiety, chronic fatigue syndrome, depression), epilepsy, multiple sclerosis, hereditary disease or any other disorder of the brain or nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
g. Respiratory system and sense organs such as: disorder of ears, eyes, nose, throat, asthma, sleep apnea or any other respiratory/lung disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
h. Urinary and reproductive system such as: kidney stone or colic, or any other disorder of kidneys, bladder, reproductive organs or prostate gland?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
i. Other than above: tumour, leukemia, cancer or other growth or malignant disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

(over)

PLEASE DETACH AND KEEP THIS NOTICE

NOTICE OF MEDICAL INFORMATION BUREAU

Information regarding your insurability will be treated as confidential. We or our reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file you may contact the Bureau and seek a correction. The address of the Bureau's information office is 330 University Avenue, Toronto, Ontario M5G 1R7, telephone number (416) 597-0590.

We or our reinsurers, may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

We may make reports to the MIB regarding factors affecting your insurability. Underwriting decisions, however, are not reported to the MIB. If you apply to another Bureau member company for life or health insurance or submit a claim for benefits, the MIB will, upon request, provide that company with information in its file.

