

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) _____

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- 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)