

# CHILDREN'S LIFE/CRITICAL ILLNESS RIDER QUESTION SET

Policy number

Complete this question set for children (insurance age 0-17) to be covered under a Children's Life Rider and/or a Children's Critical Illness (CI) Rider.

First name of child 1	Middle initial	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth of child 1: <input type="text"/>		
First name of child 2	Middle initial	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth of child 2: <input type="text"/>		
Name and address of the personal physician/nurse practitioner for child 1:		
<input type="text"/>		
Name and address of the personal physician/nurse practitioner for child 2:		
<input type="text"/>		

## Children's Information

Child 1 first name	Middle initial	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Life Insured	Date of birth	<input type="radio"/> male <input type="radio"/> female
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>If the child to be insured is between age 0 and 2, please answer the following:</b>		
Was the child born premature (less than 37 weeks gestation?) <input type="radio"/> yes <input type="radio"/> no - if yes, please provide birth weight: _____		<input type="radio"/> lb <input type="radio"/> kg
Child 2 first name	Middle initial	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Life Insured	Date of birth	<input type="radio"/> male <input type="radio"/> female
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>If the child to be insured is between age 0 and 2, please answer the following:</b>		
Was the child born premature (less than 37 weeks gestation?) <input type="radio"/> yes <input type="radio"/> no - if yes, please provide birth weight: _____		<input type="radio"/> lb <input type="radio"/> kg
Child 3 first name	Middle initial	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Life Insured	Date of birth	<input type="radio"/> male <input type="radio"/> female
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>If the child to be insured is between age 0 and 2, please answer the following:</b>		
Was the child born premature (less than 37 weeks gestation?) <input type="radio"/> yes <input type="radio"/> no - if yes, please provide birth weight: _____		<input type="radio"/> lb <input type="radio"/> kg
Child 4 first name	Middle initial	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Life Insured	Date of birth	<input type="radio"/> male <input type="radio"/> female
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>If the child to be insured is between age 0 and 2, please answer the following:</b>		
Was the child born premature (less than 37 weeks gestation?) <input type="radio"/> yes <input type="radio"/> no - if yes, please provide birth weight: _____		<input type="radio"/> lb <input type="radio"/> kg





# CHILDREN'S LIFE/CRITICAL ILLNESS RIDER QUESTION SET cont'd

Policy number

### Additional Details

Use this section to provide details of questions 4 to 6, including date(s) of event(s), duration, treatment, diagnosis, if resolved or continuing, date(s) and result(s) of any testing (excluding genetic testing) and the names and address of all medical advisors and facilities.

Question	Life Insured	Details

### Declaration, Acknowledgement, Agreement and Consent

**By signing below, I confirm that:**  
 I have understood the questions asked above and I was present when the answers and statements were recorded.  
 I have reviewed the answers recorded and confirm them to be complete and true, to the best of my knowledge and belief, as of the date I signed below and in the event that any answers or statements recorded above contain a misrepresentation or non-disclosure of a material fact, Empire Life may void any policy issued based on my application.  
**I consent** to the collection, use and disclosure of my personal information for the purposes set out in the Your Personal Information and Your Privacy notice contained in my Application.  
**I authorize** any individual or public or private organizations (including any health care professional or practitioner and any public or private health or social services institution, any insurance company, and the MIB, Inc.) that have personal information about me (including medical information, but excluding genetic test information) to release this information to Empire Life, its reinsurers, agents or representatives.  
**I understand** that Empire Life may use third party service providers located inside or outside of Canada to process and store my personal information. I further understand Empire Life will not require Life Insureds to undergo a genetic test or provide any genetic test information as part of this application.  
**A photocopy of this authorization shall be as valid as the original.**

**Signature of child 1 or parent/legal guardian if a minor**  
 **X**

First name of child 1 or parent/legal guardian	Last name
_____	_____

**Signature of child 2 or parent/legal guardian if a minor**  
 **X**

First name of child 2 or parent/legal guardian	Last name
_____	_____

**Signature of Owner (if not a Life Insured)**  
 **X**

First name of Owner	Last name
_____	_____

**Signature of witness**  
 **X**

First name of witness	Last name
_____	_____

Signed at (city and province)	Date
_____	d   d -   m   m m -   y   y   y   y

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