ADULT–SHORT QUESTION SET

Policy number

- **Use this question set for a Life Insured, insurance age 18-50, applying for life insurance coverage that is equal to or less than $1,000,000 and/or Empire Life CI Protect coverage that is equal to or less than $75,000.**
- **The maximum amount of life insurance coverage that may be applied for using the Adult-Short question set is $1,000,000. This amount includes any inforce coverage that was applied for with Empire Life using the Adult - Short question set.**

Example: Mary is approved for $500,000 of life insurance after completing the Adult–Short Question Set. If at any time before Mary attains age 50, she decides to apply for an additional $500,000 of life insurance coverage, she would be able to complete the Adult–Short Question Set again. However, if Mary decides to apply for an additional $600,000 of life insurance coverage, she would have to complete Adult-Full Question Set.

First name of Life Insured 1	Middle initial	Last name
Date of birth of Life Insured 1: d d - m m m - y y y y		
First name of Life Insured 2	Middle initial	Last name
Date of birth of Life Insured 2: d d - m m m - y y y y		

Name and address of the personal physician/nurse practitioner for Life Insured 1
Name and address of the personal physician/nurse practitioner for Life Insured 2

General Information	Life Insured 1	Life Insured 2
1. I understand I must answer all questions truthfully.	◯ yes	◯ yes
2. How tall are you? How much do you weigh?	_____ ◯ cm ◯ ft/in _____ ◯ kg ◯ lb	_____ ◯ cm ◯ ft/in _____ ◯ kg ◯ lb
3.a) When did you last use tobacco or nicotine products? **Note:** nicotine and tobacco includes use of cigarette, e-cigarette, cigarillo, small cigar, large cigar, pipe, chewing tobacco, nicotine patch or gum, betel nut, any other tobacco or nicotine products.	Last used: ◯ in the past 12 months ◯ more than 12 months ago ◯ no past usage	Last used: ◯ in the past 12 months ◯ more than 12 months ago ◯ no past usage
b) If nicotine or tobacco were used within the last 12 months please specify product and frequency/amount of usage.		
c) How many drinks of alcohol do you consume per week? **Note:** 1unit of alcohol is considered to be 1 glass of wine, 1 beer or 1.5 oz of hard liquor.		

Health Information Part 1	Life Insured 1	Life Insured 2
If you answer "yes" to any questions asked in questions 4 to 15, please provide details in the Additional Details section on page 3. Please include 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.		
4. In the past 25 years have you had, or been told that you have, received treatment, or been followed for any disease, disorder or condition of:		
a) your heart? ◯ Heart attack ◯ Arrhythmia ◯ Coronary artery surgery ◯ Cardiomyopathy ◯ Heart murmur ◯ Any other disease or disorder of the heart	◯ yes ◯ no	◯ yes ◯ no
b) your head or brain? ◯ Stroke (CVA) ◯ Transient ischemic attack (TIA) ◯ Epilepsy or seizure ◯ Head injury or concussion ◯ Any other disease or disorder of the head or brain	◯ yes ◯ no	◯ yes ◯ no

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ADULT–SHORT QUESTION SET cont'd

Policy number

Health Information Part 1 (cont'd)	Life Insured 1	Life Insured 2
If you answer "yes" to any questions asked in questions 4 to 15, please provide details in the Additional Details section on page 3. Please include 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.		
4. In the past 25 years have you had, or been told that you have, received treatment, or been followed for any disease, disorder or condition of:		
c) your mental health? ◯ Anxiety or stress ◯ Depression ◯ Post-traumatic stress disorder (PTSD) ◯ Bipolar disorder ◯ Schizophrenia or psychosis ◯ Eating disorder ◯ Suicidal ideation or attempt ◯ Hospitalization for mental health	◯ yes ◯ no	◯ yes ◯ no
d) your breathing or lungs? ◯ Asthma ◯ Cystic fibrosis ◯ Sleep apnea ◯ Any other disease or disorder of the lungs or breathing	◯ yes ◯ no	◯ yes ◯ no
e) a cyst, tumour, any other growth, or cancer (other than basal cell carcinoma)? **Note:** This can include but are not limited to the following: lesions, fibroadenomas, lumps, masses, polyps, malignancy, etc.	◯ yes ◯ no	◯ yes ◯ no
f) diabetes, your blood sugar, blood pressure, cholesterol, blood clot or any other disorder of the blood (other than iron deficiency anemia)? **Note:** This can include but are not limited to: aneurysm, anemia not iron deficient, hemophilia, Factor V Leiden, etc.	◯ yes ◯ no	◯ yes ◯ no
g) your liver, kidney, bladder, bowel or digestive system? ◯ Hepatitis ◯ Ulcerative colitis ◯ Crohn's disease ◯ Any other disease or disorder of the liver, kidney, bladder, bowel, or digestive system	◯ yes ◯ no	◯ yes ◯ no
h) your muscles, nerves, joints, or any movement disorders (not including minor injuries or broken bones)? ◯ Arthritis ◯ Lupus ◯ Muscular dystrophy ◯ Multiple sclerosis ◯ Amytrophic lateral sclerosis (ALS) ◯ Cerebral palsy ◯ Any other disease or disorder of the muscles, nerves, joints, or any movement disorders	◯ yes ◯ no	◯ yes ◯ no
i) Acquired Immunodeficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV)?	◯ yes ◯ no	◯ yes ◯ no

Health Information Part 2	Life Insured 1	Life Insured 2
5. In the past 2 years have you had chronic pain, chronic fatigue, fibromyalgia, paralysis, or an injury of the back, spine or neck?	◯ yes ◯ no	◯ yes ◯ no
6. In the past 5 years have you been admitted to hospital for more than 2 consecutive days (other than for childbirth)?	◯ yes ◯ no	◯ yes ◯ no
7. Have you been advised to have any clinical test, surgery, or treatment not yet completed, or are you awaiting the result of any clinical test (excluding any genetic test)?	◯ yes ◯ no	◯ yes ◯ no
8. a) Are you awaiting a referral to a specialist?	◯ yes ◯ no	◯ yes ◯ no
b) Are you aware of any symptoms for which you have not yet consulted a health care provider?	◯ yes ◯ no	◯ yes ◯ no

Habits	Life Insured 1	Life Insured 2
9. In the past 2 years have you used any marijuana? **Note:** If yes, provide frequency of use (number of times per day/week/month).	◯ yes ◯ no	◯ yes ◯ no
10. In the past 5 years have you used cocaine, heroin, unprescribed opiates, ecstasy, amphetamines, hallucinogens, or any other drug not prescribed to you, other than over the counter medication?	◯ yes ◯ no	◯ yes ◯ no
11. Have you ever had, sought, or been advised to seek treatment or counselling for alcohol or drug use and/or have you been admitted to any facility because of alcohol or drug use?	◯ yes ◯ no	◯ yes ◯ no

ADULT–SHORT QUESTION SET cont'd

Policy number

Family History Information	Life Insured 1	Life Insured 2
12. Have any of your biological mother, father, sister(s) or brother(s) been diagnosed before their 60th birthday with cancer, heart attack, coronary artery disease, stroke, cardiomyopathy, diabetes, polycystic kidney disease, Huntington's disease, or Parkinson's disease? **If you answer "yes" to this question, provide details below, but do not provide any genetic test information.**	◯ yes ◯ no ◯ unknown	◯ yes ◯ no ◯ unknown

Related to: ◯ Life Insured 1 ◯ Life Insured 2

Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death

Related to: ◯ Life Insured 1 ◯ Life Insured 2

Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death

Related to: ◯ Life Insured 1 ◯ Life Insured 2

Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death

Personal History Information	Life Insured 1	Life Insured 2
13. In the past 3 years have you:		
a) had more than 3 driving infractions, had your driver's license suspended, and/or been charged with driving while impaired?	◯ yes ◯ no	◯ yes ◯ no
b) flown as a private pilot, student pilot or crew member, or have you engaged in SCUBA diving, sky diving, hang gliding, motor vehicle racing, mountain climbing, heli-skiing, back country skiing, or extreme sports?	◯ yes ◯ no	◯ yes ◯ no
14. Have you ever been charged with any criminal offense, or are there any charges pending?	◯ yes ◯ no	◯ yes ◯ no
15.a) Will you be travelling outside of Canada in the next 12 months? Please provide details of dates, duration, and countries below.	◯ yes ◯ no	◯ yes ◯ no
b) Will you be changing your country of residency in the next 12 months?	◯ yes ◯ no	◯ yes ◯ no

Additional Details

Use this section to provide details of questions 4 to 15, 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

ADULT–SHORT QUESTION SET cont'd

Policy number

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, LLC) 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 Life Insured 1

X

First name of Life Insured 1	Last name

Signature of Life Insured 2

X

First name of Life Insured 2	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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