ADULT–SHORT QUESTION SET

Policy number

- **Use this question set for a Life Insured, insurance age 18-45, applying for life insurance coverage that is equal to or less than $300,000 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 $300,000. This amount includes any inforce coverage that was applied for with Empire Life using the Adult - Short question set.**

Example: Mary is approved for $150,000 of life insurance after completing the Adult–Short Question Set. If at any time before Mary attains age 45, she decides to apply for an additional $150,000 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 $200,000 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 1	Middle initial	Last name
Date of birth of Life Insured 1: 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

Health Information	Life Insured 1	Life Insured 2
1. I understand I must answer all questions truthfully.	○ yes	○ yes
2. What is your height? What is your weight?	_____ ○ cm ○ ft/in _____ ○ kg ○ lb	_____ ○ cm ○ ft/in _____ ○ kg ○ lb
If you answer "yes" to any questions asked in questions 3 to 11, 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.		
3. Have you ever had, or been told that you had:		
a) a heart attack, heart surgery, arrhythmia, coronary artery surgery, stroke, TIA (transient ischemic attack), cardiomyopathy or any other disease or disorder of the heart?	○ yes ○ no	○ yes ○ no
b) cancer, tumour, or any growth or malignancy (other than basal cell carcinoma)?	○ yes ○ no	○ yes ○ no
c) lung or respiratory disease?	○ yes ○ no	○ yes ○ no
d) diabetes?	○ yes ○ no	○ yes ○ no
e) liver, kidney, bladder, bowel or digestive system disease?	○ yes ○ no	○ yes ○ no
f) bi-polar disease, psychosis, eating disorder, or been hospitalized for any psychiatric illness?	○ yes ○ no	○ yes ○ no
g) arthritis, lupus, muscular dystrophy, multiple sclerosis, or amyotrophic lateral sclerosis (ALS)?	○ yes ○ no	○ yes ○ no
h) Acquired Immunodeficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV)?	○ yes ○ no	○ yes ○ no
i) been charged with a criminal offense?	○ yes ○ no	○ yes ○ no

ADULT–SHORT QUESTION SET cont'd

Policy number

Health Information (cont'd)	Life Insured 1	Life Insured 2
4. In the past 5 years, have you:		
a) been admitted to any hospital or rehabilitation center for more than 2 consecutive days (other than for childbirth)?	○ yes ○ no	○ yes ○ no
b) used marijuana, cocaine, heroin, unprescribed opiates, ecstasy, amphetamines, or any other drug not prescribed to you, other than over the counter medication? **Note**: If yes, provide frequency of use (number of times per day/week/month).	○ yes ○ no	○ yes ○ no
c) used marijuana prescribed by a health care provider? **Note**: If yes, provide frequency of use (number of times per day/week/month).	○ yes ○ no	○ yes ○ no
5. In the past 2 years, have you:		
a) had an abnormal mammogram or breast imaging test?	○ yes ○ no	○ yes ○ no
b) had an abnormal PSA test?	○ yes ○ no	○ yes ○ no
c) had depression for which you were prescribed medication?	○ yes ○ no	○ yes ○ no
d) had chronic pain, chronic fatigue, fibromyalgia, paralysis, or an injury of the back, spine or neck?	○ yes ○ no	○ yes ○ no
e) had your driver's license suspended?	○ yes ○ no	○ yes ○ no
f) been charged with driving while impaired?	○ yes ○ no	○ yes ○ no
g) had more than 3 moving violations while driving?	○ yes ○ no	○ yes ○ no
6. a) **In the past 12 months, have you:** used more than 12 large cigars, or used any other tobacco, cigarette, e-cigarette, cigarillo, a pipe, chewing tobacco, nicotine patches or gum, or betel nuts?	○ yes ○ no	○ yes ○ no
b) 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.	○ less than 1 ○ 1-14 ○ 15-21 ○ 22-28 ○ 29-35 ○ more than 35 ○ None	○ less than 1 ○ 1-14 ○ 15-21 ○ 22-28 ○ 29-35 ○ more than 35 ○ None
7. Have you been advised to have any clinical test or treatment not yet completed, or are you awaiting the result of any clinical test, excluding any genetic test?	○ yes ○ no	○ yes ○ no
8. Are you aware of any symptoms for which you have not yet consulted a health care provider, or do you have any other medical condition or disease not mentioned above?	○ yes ○ no	○ yes ○ no
9. 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

10. In the past 3 years, have you 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
11. a) Do you intend to travel outside of Canada or the United States in the next 12 months?	○ yes ○ no	○ yes ○ no
b) Do you have any plans to change your country of residency in the next 12 months?	○ yes ○ no	○ yes ○ no

ADULT–SHORT QUESTION SET cont'd

Policy number

Additional Details

Use this section to provide details of questions 3 to 11, 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 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
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