

JUVENILE QUESTION SET cont'd

Policy number

| Health Information (cont'd) | | | | Juvenile 1 | Juvenile 2 |
|---|---|--|--|---|------------|
| 6. Are there any medical conditions or symptoms (excluding colds, flu, chicken pox, tonsillectomy, appendectomy, hernia repair or ear infections), not already mentioned, for which the proposed insured (exclude any genetic testing): | | | | | |
| a) has been treated or is awaiting treatment? | | | <input type="radio"/> yes <input type="radio"/> no | <input type="radio"/> yes <input type="radio"/> no | |
| b) is under observation or is awaiting investigation? | | | <input type="radio"/> yes <input type="radio"/> no | <input type="radio"/> yes <input type="radio"/> no | |
| c) has not yet seen a physician? | | | <input type="radio"/> yes <input type="radio"/> no | <input type="radio"/> yes <input type="radio"/> no | |
| 7. Have any of the proposed insured's 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 or cystic fibrosis? | | | <input type="radio"/> yes <input type="radio"/> no | <input type="radio"/> yes <input type="radio"/> no | |
| If you answer "yes" to this question, provide details below, but do not include any genetic information. | | | <input type="radio"/> unknown | <input type="radio"/> unknown | |
| Related to: <input type="radio"/> Juvenile 1 <input type="radio"/> Juvenile 2 | | | | | |
| Relationship to Insured <input style="width: 100%; height: 15px;" type="text"/> | Illness (if cancer, indicate type) <input style="width: 100%; height: 15px;" type="text"/> | Age at onset of illness <input style="width: 100%; height: 15px;" type="text"/> | Age if living <input style="width: 100%; height: 15px;" type="text"/> | Age at death <input style="width: 100%; height: 15px;" type="text"/> | |
| Related to: <input type="radio"/> Juvenile 1 <input type="radio"/> Juvenile 2 | | | | | |
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| 8. Are all other children in the family insured or applying? <input type="radio"/> yes <input type="radio"/> no | | | | | |
| a) If yes , is the amount on the sibling(s) basically equal (same face amount or same premium)? <input type="radio"/> yes <input type="radio"/> no – if not equal, please indicate the type of coverage and amount(s) on sibling(s) and the reason why the amounts are not equitable: | | | | | |
| | | | | | |
| b) If no , please provide the reason why the other siblings do not have coverage in force or pending, or indicate if no siblings: | | | | | |
| | | | | | |
| 9. a) Total insurance in force on the parent(s) of Juvenile 1 and Juvenile 2: | | | | | |
| Parent 1: Life \$ _____ Critical Illness \$ _____ | | | | | |
| Parent 2: Life \$ _____ Critical Illness \$ _____ | | | | | |
| b) Occupation of Parent 1: _____ Annual Income: \$ _____ | | | | | |
| c) Occupation of Parent 2: _____ Annual Income: \$ _____ | | | | | |

