JUVENILE QUESTION SET

Policy number

Use this question set for	· juvenile Life Insureds	(insurance age 0-17).
---------------------------	--------------------------	-----------------------

First name of Juvenile I Middle initial Last name				
Date of birth of Juvenile I:				
First name of Juvenile 2 Middle initial Last name				
Date of birth of Juvenile 2: d - m m - y y y				
Name and address of the personal physician/nurse practitioner for juvenile I				
Name and address of the personal physician/nurse practitioner for juvenile 2				
Health Information Ju	uvenile I	J	luveni	ile 2
I. I understand I must answer all questions truthfully.) yes		\bigcirc yes	
If the Child to be insured is between age 0 and 2, please answer question 2, otherwise pro-	oceed to q	uestion 3.	•	
· · · · · · · · · · · · · · · · · · ·			⊖ yes	○ no
If yes, provide birth weight. If the proposed insured is between age 2 and 17, please answer question 3.	0	kg 🔾 lb 🔤		kg
3. What is the proposed insured's height?	() c	m () ft/in		⊖ cm ⊖ ft/in
What is the proposed insured's weight?		g 🔾 lb 📋		_ () kg () lb
If you answer "yes" to any questions asked in questions 4 to 6, 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. Has the proposed insured ever been treated for or had any indication of:		Juvenile		Juvenile 2
a) heart murmur or any disease or disorder of the heart or blood vessels?		\bigcirc yes \bigcirc	no	\bigcirc yes \bigcirc no
b) cancer, tumour, sarcoma, leukemia, or any growth or malignancy?		\bigcirc yes \bigcirc	no	⊖yes ⊖no
c) diabetes, or any endocrine disease or disorder?			no	⊖yes ⊖no
d) hemophilia, bleeding disorder or any blood disease or disorder?		\bigcirc yes \bigcirc	no	\bigcirc yes \bigcirc no
e) Crohn's disease, ulcerative colitis, hepatitis or any disease or disorder of the bowel, stomach or liver?		\bigcirc yes \bigcirc	no	\bigcirc yes \bigcirc no
f) asthma, cystic fibrosis, or any respiratory disease or disorder?		\bigcirc yes \bigcirc	no	\bigcirc yes \bigcirc no
g) depression, anxiety, attention deficit hyperactivity disorder (ADHD/ADD), or any psychiatric, em nervous disease or disorder?	notional or	\bigcirc yes \bigcirc	no	\bigcirc yes \bigcirc no
h) disease or disorder of the kidney or urinary tract?		\bigcirc yes \bigcirc	no	\bigcirc yes \bigcirc no
i) muscular dystrophy, multiple sclerosis, paralysis, or any neurological disease or disorder?		\bigcirc yes \bigcirc	no	\bigcirc yes \bigcirc no
 j) down syndrome, physical or mental developmental delay, autism, Asperger's disorder, cerebral pal congenital disease or disorder? 	lsy, or any	\bigcirc yes \bigcirc	no	⊖ yes ⊖ no
k) epilepsy, seizure, or any disease or disorder of the brain?		\bigcirc yes \bigcirc	no	\bigcirc yes \bigcirc no
I) blindness or deafness?		\bigcirc yes \bigcirc	no	\bigcirc yes \bigcirc no
m) Acquired Immunodeficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency V	/irus (HIV)?	\bigcirc yes \bigcirc	no	\bigcirc yes \bigcirc no
5. Has the proposed insured been admitted to hospital (other than for birth), or had surgery (other tonsillectomy, appendectomy, hernia repair or tubes in the ears)?	than for	⊖ yes ⊖	no	⊖yes ⊖no



JUVENILE QUESTION SET cont'd

Policy number

Health Information (cont'd)			Juvenile I	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):				r, hernia
a) has been treated or is awaiting treatm	ent?		⊖yes ⊖ no	⊖ yes ⊖ no
b) is under observation or is awaiting investigation?			⊖yes ⊖ no	⊖yes ⊖no
c) has not yet seen a physician?			⊖yes ⊖no	⊖yes ⊖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? If you answer "yes" to this question, provide details below, but do not include any genetic 			⊖ yes ⊖ no ⊖ unknown	⊖ yes ⊖ no ⊖ unknown
information.	Tovide details below, but do not include any			
Related to: \bigcirc Juvenile I \bigcirc Juvenile 2	2			
Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
Related to: O Juvenile I O Juvenile 2				
Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
Related to: Uvenile I Uvenile 2	· · · · · · · · · · · · · · · · · · ·			
Relationship to Insured	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
8. Are all other children in the family insur	ed or applying? () yes () no			
	sically equal (same face amount or same premium ibling(s) and the reason why the amounts are not		if not equal, plea	ase indicate
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 luvenile 1 and luvenile 2:			
	Critical Illness \$			
	Critical Illness \$			
b) Occupation of Parent I:		Annual Income: \$		
c) Occupation of Parent 2:		Annual Income: \$ _		

Policy number

JUVENILE QUESTION SET cont'd

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 juvenile I or parent/legal guardian if a minor

X	
First name of juvenile 1 or parent/legal guardian	Last name
Signature of juvenile 2 or parent/legal guardian if a minor	
X	
First name of juvenile 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

