

JUVENILE QUESTION SET

Policy number

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

First name of Juvenile 1 	Middle initial	Last name
Date of birth of Juvenile 1: d d - m m m - y y y y		
First name of Juvenile 2 	Middle initial	Last name
Date of birth of Juvenile 2: d d - m m m - y y y y		
Name and address of the personal physician/nurse practitioner for juvenile 1:		
Name and address of the personal physician/nurse practitioner for juvenile 2:		

Health Information	Juvenile 1	Juvenile 2
1. I understand I must answer all questions truthfully.	<input type="radio"/> yes	<input type="radio"/> yes
If the Child to be insured is between age 0 and 2, please answer question 2, otherwise proceed to question 3.		
2. Was the child born prematurely (at less than 37 weeks gestation)? If yes, provide birth weight.	<input type="radio"/> yes <input type="radio"/> no _____ <input type="radio"/> kg <input type="radio"/> lb	<input type="radio"/> yes <input type="radio"/> no _____ <input type="radio"/> kg <input type="radio"/> lb
If the proposed insured is between age 2 and 17, please answer question 3.		
3. What is the proposed insured's height? What is the proposed insured's weight?	_____ <input type="radio"/> cm <input type="radio"/> ft/in _____ <input type="radio"/> kg <input type="radio"/> lb	_____ <input type="radio"/> cm <input type="radio"/> ft/in _____ <input type="radio"/> kg <input type="radio"/> 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 1	Juvenile 2
a) heart murmur or any disease or disorder of the heart or blood vessels?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
b) cancer, tumour, sarcoma, leukemia, or any growth or malignancy?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
c) diabetes, or any endocrine disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
d) hemophilia, bleeding disorder or any blood disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
e) Crohn's disease, ulcerative colitis, hepatitis or any disease or disorder of the bowel, stomach or liver?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
f) asthma, cystic fibrosis, or any respiratory disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
g) depression, anxiety, attention deficit disorder, or any psychiatric, emotional or nervous disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
h) disease or disorder of the kidney or urinary tract?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
i) muscular dystrophy, multiple sclerosis, paralysis, or any neurological disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
j) down syndrome, physical or developmental delay, autism, Asperger's disorder, cerebral palsy, or any congenital disease or disorder?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
k) epilepsy, seizure, or any disease or disorder of the brain?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
l) blindness or deafness?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
m) Acquired Immunodeficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
5. Has the proposed insured been admitted to hospital (other than for birth), or had surgery (other than for tonsillectomy, appendectomy, hernia repair or tubes in the ears)?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no

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, diabetes, kidney disease, Huntington's disease, or Parkinson's disease or or cystic fibrosis?	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> unknown	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> unknown	
If you answer "yes" to this question, provide details below, but do not include any genetic information.			
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"/>
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"/>
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"/>
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. For Individual Life or Individual CI coverage only:			
a) total insurance in force on the insured's father: Life \$ _____ Critical Illness \$ _____			
b) total insurance in force on the insured's mother: Life \$ _____ Critical Illness \$ _____			
c) Father's occupation: _____ Annual Income: \$ _____			
d) Mother's occupation: _____ Annual Income: \$ _____			

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 1 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											
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