Policy number

CHILDREN'S LIFE/CRITICAL ILLNESS RIDER QUESTION SET

Complete this question set for children (insurance age 0-17) to be covered under a Children's Life Rider and/or a Children's Critical Illness (CI) Rider.

Children's Information				
Child I first name Middle initial Last name				
Relationship to Life Insured Date of birth O male				
d d - m m m - y y y y y female				
If the child to be insured is between age 0 and 2, please answer the following: Ib Was the child born premature (less than 37 weeks gestation?) yes no - if yes, please provide birth weight: kg				
Child 2 first name Middle initial Last name				
Relationship to Life Insured Date of birth O male </td				
If the child to be insured is between age 0 and 2, please answer the following:				
Was the child born premature (less than 37 weeks gestation?) () yes () no - if yes, please provide birth weight:() kg Child 3 first name				
Relationship to Life Insured Date of birth	🔿 male			
	y 🔿 female			
If the child to be insured is between age 0 and 2, please answer the following: O Was the child born premature (less than 37 weeks gestation?) yes no - if yes, please provide birth weight: O kg				
Child 4 first name Middle initial Last name				
Relationship to Life Insured Date of birth O male Image:				
If the child to be insured is between age 0 and 2, please answer the following: O lb Was the child born premature (less than 37 weeks gestation?) yes no - if yes, please provide birth weight: O kg				
Health Information	Any child applying for a Life/CI Rider			
I. I understand I must answer all questions truthfully.	⊖ yes			
If you answer "yes" to any questions asked in questions 2-6, please provide details in the Additional Details section, on page 2. 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.				
2. Has the child ever been treated for or had any indication of:				
a) developmental, psychological, or neurological disorders (includes speech, auditory, visual, motor function delays or impairments)?	⊖yes ⊖no			
b) cancer, tumour, or any other growth or malignancy?	⊖yes ⊖no			
c) diabetes?	⊖yes ⊖no			
d) cardiac disease or malformation?	⊖yes ⊖no			
e) kidney disease or malformation?	⊖yes ⊖no			
f) cystic fibrosis?	⊖ yes ⊖ no			



Policy number

CHILDREN'S LIFE/CRITICAL ILLNESS RIDER QUESTION SET cont'd

Health Information cont'd				Any child applying for a Life/CI Rider
3. Does the child require ongoing care by a pediatrician, general practitioner and/or a specialist for any condition listed or not listed in question 2? Please do not include routine pediatric exams, annual health exams or consults for skin conditions, asthma or allergies.				⊖ yes ⊖ no
4. Has the child ever been hospitalized for more than 3 consecutive days or required surgery (other than tonsillectomy, appendectomy, hernia repair, simple bone fracture or tubes in the ears)?				⊖ yes ⊖ no
 In the past 5 years, has the child ever used any medications on a daily basis for periods over 21 days? Please exclude any vitamins, topical creams for skin conditions, inhalers for asthma or allergies. 				⊖ yes ⊖ no
6. Are there any symptoms for which the child has not yet consulted a physician, is currently under observation or awaiting investigation (excluding genetic testing)? Please exclude cold, flu, chicken pox, tonsillectomy, appendectomy, hernia repair or ear infections.				⊖ yes ⊖ no
7. Have any of the proposed insured's birthday with cancer, heart attack, c Huntington's disease, Parkinson's dis	○ yes○ no○ unknown			
If you answer "yes" to this question	on, provide details below, but do not provide a	ny genetic test i	nformation.	
Relationship to child	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
Relationship to child	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
Relationship to child	Illness (if cancer, indicate type)	Age at onset of illness	Age if living	Age at death
Additional Details				
Use this section to provide details of questions 2 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.				
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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 child I or parent/legal guardian if a minor X					
First name of child I or parent/legal guardian	Last name				
Signature of child 2 or parent/legal guardian if a minor					
X					
First name of child 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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