The Fundamental Series®
Disability Income Protection
Illness Application

RBC® Insurance

This application is for illness coverage. Injury coverage must also be applied for or in force in order to qualify for the addition of illness coverage.

If applying to add illness coverage to an existing injury policy, please provide the injury policy number ☐

Requests for changes to existing coverage:
- ***Within 60 days of the coverage effective date – complete the Application for Reissue***
- ***Over 60 days from the coverage effective date – complete the Application for Policy Change or Reinstatement***

FRANCHISE NUMBER (if applicable): ☐

1. PROPOSED INSURED

Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other ☐ Specify ☐ Female ☐ Male ☐

First Name ☐ Middle ☐ Last ☐

Date of Birth (dd/mm/yyyy) ☐

Address: Apt # ☐ Number ☐ Street ☐

City ☐ Province ☐ Postal Code ☐

Home Telephone Number ☐ Cell Phone Number ☐

Email Address ☐

Do you understand English and/or French? Yes ☐ No ☐

If No, please complete and submit a Statement of Understanding in the language of your preference

Quebec Residents Only: Is the insurance you are applying for replacing or modifying any existing or pending Individual disability insurance? Yes ☐ No ☐ If Yes, please complete and submit Disclosure forms.

2. PRE-QUALIFYING QUESTIONS

A) Have you ever had any consultations for, received any advice for, or ever been treated for: Heart attack, stroke, any disease or disorder of the heart, Parkinson's disease, multiple sclerosis, emphysema, lupus, liver cirrhosis, alcoholic pancreatitis, any disease or disorder of the immune system, paralysis, any brain or nervous system disease or disorder, cerebral palsy, Lou Gehrig's disease (amyotrophic lateral sclerosis [ALS]), Huntington's chorea, muscular dystrophy, Alzheimer's disease, polycystic kidney disease, cystic fibrosis, schizophrenia, AIDS or any AIDS related conditions; or have you ever tested positive for HIV? Yes ☐ No ☐
If Yes, Illness coverage is not available.

B) Height ☐ cm ☐ ft/in ☐ Weight ☐ kg ☐ lb ☐

If your height and weight is less than the minimum, or exceeds the maximum in the Height & Weight Chart for the Fundamental Series, Illness coverage is not available.

3. HEALTH AND LIFESTYLE QUESTIONS

When answering the questions on this form, DO NOT provide information about any genetic test you have taken or plan to take. A genetic test is a type of medical test which analyzes DNA, RNA, or chromosomes. DO provide information about other types of medical tests.

A) Provide the name, address and telephone number of your personal doctor or regular healthcare provider or clinic. If none, write "None".

B) Provide the date and reason for Your last consultation with **ANY** physician or healthcare provider, the name of the provider, and the outcome/results.

Continued on next page

3. HEALTH AND LIFESTYLE QUESTIONS (continued)

Have you ever received any treatment, medical advice, been diagnosed with, required any follow-up for, or had any known indication of:

C) Any disease or disorder of the eyes, ears, nose or throat (including loss of speech)? . . . . . Yes ☐ No ☐

Details

D) Chest pain, angina, irregular pulse, heart murmur, high blood pressure, high cholesterol or any disease or disorder of the heart or circulatory system? . . . . . Yes ☐ No ☐

Details

E) Diabetes, elevated blood sugar, blood or sugar in the urine, thyroid abnormality, or any disease or disorder of the kidneys, bladder or urinary tract? . . . . . Yes ☐ No ☐

Details

F) Fainting, dizziness, loss of consciousness, seizures, transient ischemic attack (TIA), epilepsy, chronic headaches, migraines, muscle weakness, numbness or tingling of the limbs? . . . . . Yes ☐ No ☐

Details

G) Cancer, tumour, cyst, lesion, lump, nodule, polyp, any disease or disorder of the lymph glands? . . . . . Yes ☐ No ☐

Details

H) Ulcer, internal bleeding, colitis, any disease or disorder of the digestive system including the esophagus, stomach, pancreas, colon, intestines, liver or gallbladder, or tested positive for hepatitis and/or been told you are a carrier? . . . . . Yes ☐ No ☐

Details

I) Any type of neck, back or spinal trouble, including sprain, strain, sciatica, or disc disease or disorder? . . . . . Yes ☐ No ☐

Details

J) Any disease or disorder of the knee, ankle, foot, hip, hand, wrist, elbow, shoulder or any other joint, including amputation or deformities? If Yes, which joints? Right ☐ Left ☐ Both ☐ . . . . . Yes ☐ No ☐

Details

K) Any type of arthritis, osteoporosis, or any disease or disorder of the muscles or bones? . . . . . Yes ☐ No ☐

Details

L) Asthma, emphysema, chronic cough, shortness of breath, tuberculosis, sleep apnea or other sleep disorder, or any disease or disorder of the chest or lungs? . . . . . Yes ☐ No ☐

Details

M) Any disease or disorder of the genital or reproductive organs, breast or prostate? . . . . . Yes ☐ No ☐

Details

N) Are you currently under medical observation or investigation, treatment, therapy, counselling or taking medication? . . . . . Yes ☐ No ☐

Details

3. HEALTH AND LIFESTYLE QUESTIONS (continued)

O) Have your natural parents, brothers or sisters, whether living or dead, ever had any history of: heart disease, polycystic kidney disease, a stroke, diabetes, multiple sclerosis, Alzheimer's disease, Huntington's disease, Parkinson's disease, motor neuron disease or any form of hereditary disease? . . . . . Yes ☐ No ☐

If Yes, complete the chart below.

Condition	Mother	Age at Onset	Father	Age at Onset	Sister	Age at Onset	Brother	Age at Onset
	☐		☐		☐		☐	
	☐		☐		☐		☐	
	☐		☐		☐		☐	
	☐		☐		☐		☐	

Within the past 5 years, have you:

P) Been treated or counselled for the use or abuse of alcohol or drugs (prescription or non-prescription), or have you been convicted or charged with any criminal offence or are charges currently pending? . . . . . Yes ☐ No ☐

Details

Q) Been advised to have any diagnostic test, examination, or surgery which was not completed? . . . . . Yes ☐ No ☐

Details

R) Had any illness or injury that resulted in missing more than 10 consecutive days of work? . . . . . Yes ☐ No ☐

Details

As needed, provide additional details below to any YES answers from Section 3.

Question Number	Conditions, Symptoms, Duration, Results and Treatment	Date of Onset	Name of Healthcare Provider	Date of Recovery

4. ILLNESS COVERAGE APPLIED FOR

Loss of Income – Illness Coverage

Benefit Period: 2 Years ☐ 5 Years ☐ To Age 70 ☐ (Cannot exceed the Injury Benefit Period)

Elimination Period: 30 Days ☐ 90 Days ☐ 120 Days ☐ (Cannot be shorter than the Injury Elimination Period)

Monthly Benefit Requested (Cannot exceed the injury amount) $ _____ (Coverage is available in $100 increments with a minimum of $500 per month required).

Business Overhead Expense – Illness Coverage

Monthly Benefit Requested (Cannot exceed the injury amount) $ _____ (Coverage is available in $100 increments with a minimum of $500 per month required).

The Benefit Period for Illness BOE coverage is 12 months and the Elimination Period is 30 days.

5. AGREEMENT

I declare that all statements and answers in all parts of this application are full, complete and true, and agree that:

A) Insurance for Illness will take effect on the monthly anniversary date after the Illness application has been approved by RBC Life Insurance Company (RBC Insurance), based on the Effective Date of the Injury coverage, provided that:

1) The next Pre-Authorized Debit for the new premium is honoured on presentation by RBC Insurance; and

2) Any and all conditions for the delivery of the policy have been satisfied completely, including but not limited to, our receipt and approval of all amendments, addendums and exclusions required for the policy, signed by you within the period required by us and;

3) There has been no change to your insurability between the date you signed this Illness application and the date you receive your updated Policy Schedule. If on the date I receive my updated Policy Schedule I would give different answers to the questions in this application, in any telephone interview, in any other questionnaire(s) or in any paramedical exam (as applicable), I will immediately advise RBC Insurance in writing.

B) I confirm that I have reviewed all of the answers provided in my Injury application, and where any of the information is different, I have submitted the changes in writing to RBC Insurance with my Illness application. If I have not provided any updates in writing to RBC Insurance, I certify that all of the information and answers provided in my Injury application are full, complete and true.

C) I have read the "Notice regarding the MIB, Inc." and understand and agree to its terms.

D) If payment is by Pre-Authorized Debit, RBC Insurance is not required to provide me with notification before the new premium is debited.

E) RBC Insurance may be entitled to render my policy null and void if there is any misrepresentation or non-disclosure in any part of the application for Illness insurance.

F) No statement made to and no information acquired by a representative of RBC Insurance shall be attributed to or binding upon RBC Insurance unless contained in this application. No one other than an Officer of RBC Insurance may (1) alter or modify the terms of this application or any policy issued or (2) waive any rights or requirements of RBC Insurance.

G) RBC Insurance shall not be liable for any claim on account of any Illness benefits applied for, commencing prior to the Effective Date of the Loss of Income Illness coverage. Notwithstanding any interim premium payments, no temporary or conditional insurance is being provided for Illness.

H) The policy and all related documents have been expressly requested to be in the English language. (Il a été expressément demandé que le contrat et tous les documents qui s'y rapportent soient rédigés en anglais.)

This Application, and any telephone interview, application supplement(s), and/or questionnaire(s) will form part of any insurance contract issued. The contract will be of utmost good faith, based upon the statements contained in this application, and any telephone interview, application supplement(s), and/or questionnaire(s). I am responsible for the accuracy of the statements. Before signing, I have verified that all answers are correct and complete and that I have initialed any changes to those answers. Inaccurate answers to any questions may affect my eligibility for coverage and/or benefits.

Signed at: _____ this _____ day of _____ Year _____
(city/province) (day) (month)

_____ _____
Signature of Proposed Insured Signature of Proposed Owner
(If the owner of the injury policy is not the insured, this application for illness coverage must be signed by that owner)

Note: Any ownership assigned to the injury policy extends to the addition of illness coverage.
If the Policy is to be owned by a corporation, this Application must be signed by an Officer of the corporation other than the Proposed Insured (unless the Proposed Insured is the sole Officer of the corporation).

AUTHORIZATION

I understand and authorize the Company (RBC Life Insurance Company and its reinsurers) to conduct such investigation as is necessary and to gather personal information concerning me. I understand that the Company will create and maintain files that contain personal information concerning me. I also understand that access to personal information concerning me will be limited to the employees of. and other persons engaged by, the Company in performance of their duties. or to the persons to whom I have granted access, in writing, or to any other person authorized by law. I further understand that, except when the Company can and does lawfully restrict my access to personal information concerning me, I will be permitted to review copies of documents containing said personal information in the possession of the Company, upon paying reasonable copying charges. I further understand that I will be permitted to request access to such documentation and to have any errors in the personal information noted and corrected by formulating a written request to the Company. I authorize and direct the persons, institutions and organizations listed below to disclose and provide to the Company any information, records or other data regarding me, my medical history or treatment. or my past and present income or employment that is relevant to this Application that they have in their possession or control.

Persons to whom this Authorization applies: Any licensed physician, nurse, counselor, psychologist, social worker, therapist. pharmacist, physiotherapist, chiropractor, or other rehabilitation professional or other health care practitioner; and also any hospital, clinic, pharmacy, or other medical facility or provider of health care or treatment; and also the provincial health insurance plan, any insurance or reinsurance company or other financial institution; and also my employer or former employers: and also any federal or provincial government department or organization. including the federal or provincial income tax authorities and provincial motor vehicle divisions: and also the MIB, Inc.: and also any other person, agency, credit bureau or institution having information, records or data regarding me. This Authorization to obtain information is valid until revoked by me in writing. If I choose to revoke this Authorization to obtain information, consequences may include termination of the underwriting process and/or the policy, if one has been issued.

I understand that any information. records or data received by the Company pursuant to this Authorization. both medical and non-medical, will be used for the assessment of insurance risk for underwriting purposes; for the purpose of evaluating any claim for benefits; assessing the validity of the policy as issued; and, issuing and delivering the policy. Only to the extent reasonably necessary for those purposes, I authorize the Company to disclose any of the said information, records or data received: to the MIB, Inc.; to other insurance companies, or any reinsurer; and, to my Servicing Representative. such as my insurance advisor or broker. This Authorization to disclose information as reasonably necessary is valid until revoked by me in writing.

I authorize the Company to disclose to my Servicing Representative material information regarding my health and personal history solely for the purpose of explaining underwriting decisions. This disclosure could include history of mental illness, infectious disease, drug and alcohol use, record of criminal activity, or other facts that have a material effect on the Company's decision to insure me. This Authorizaton to disclose information for this purpose is valid until 60 days after the later of the day: the Company issues a new or amends the existing policy; or the Company notifies me in writing that my Application has been declined, withdrawn, or filed incomplete.

I do not agree to the disclosure of health and personal information to the Servicing Representative: ☐

I also authorize the Company to release to my health care professional any medical information obtained for this insurance Application. including the results of any blood or urine test or urine drug screening tests for the purpose of revealing findings that might require further investigation or treatment or for the purpose of explaining any underwriting decision. This Authorization to disclose medical information is valid until revoked by me in writing. A photocopy of this Authorization, as executed by me, will be as valid as the original. Any alteration of this Authorization will render it null and void

Dated at _____ this _____ day of _____ Year _____

(City / Province) (day) (month)

_____

Signature of Proposed Insured

Detach and give to the Proposed Insured

Notice regarding the MIB, Inc.

Information regarding your insurability and claims will be treated as confidential. RBC Life Insurance Company (RBC Life) or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB by emailing Canadadisclosure@mib.com, calling 1-866-692-6901 or write to:

MIB, Inc.,
50 Braintree Hill Park, Suite 400,
Braintree, MA
USA, 02184- 8734
Telephone: 1-866-692-6901
Website: www.mib.com

RBC Life or its reinsurer(s) may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom you submit a claim for benefits.

Personal History Interview (PHI)

As part of the underwriting process, you may be asked to respond to a telephone interview. This Personal History Interview (PHI) is conducted by specially trained interviewers. The interview will take approximately 10-15 minutes.

The questions asked by the interviewer amplify the information on your application for insurance. These questions relate to personal, financial and medical aspects of insurability. We also use the PHI process to gather information which may be omitted or only partially explained.

Any information obtained during the PHI will be kept strictly confidential and will not be released to anyone without your written consent.

Your co-operation in this process is greatly appreciated and enables us to provide you with the best quality underwriting.

RBC Life Insurance Company
Tower 1, 6880 Financial Drive
Mississauga, ON L5N 7Y5

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ADVISOR'S REPORT

1. Required only if the Illness application is not being submitted at the same time as the Injury application. If you are submitting an injury application at the same time as this illness application, you may leave this report blank, provided you have completed the Loss of Income Injury Coverage Application advisor's report.

2. Advisor's Declaration:

I have clearly explained the provisions and limitations of the Illness coverage being applied for to the Proposed Insured. All of the questions in the application were clearly asked of, or read by, the Proposed Insured. To the best of my knowledge, all of the answers and statements on the application have been fully and accurately recorded. I am not aware of any pertinent information about the Proposed Insured that has not been disclosed on the application. If Illness coverage is issued, I will deliver the new Policy Schedule only after obtaining confirmation that all conditions for delivery have been completely satisfied and there has been no change in the insurability of the Proposed Insured. I understand that I cannot modify the application or the terms of the Illness coverage, if issued. I have complied with my duties and obligations in regard to Advisor Disclosure, including providing an Advisor Disclosure Statement in writing to the Proposed Insured.

Date				
Advisor's Signature				
Advisor's Name				
Advisor's Company Name				
Marketing Office/MGA				
Share	%	Servicing Advisor Code:	%	Advisor Code:

COLLECTION AND USE OF PERSONAL INFORMATION

Collecting your personal information

We (RBC Life Insurance Company) may from time to time collect information about you such as:

- information establishing your identity (for example, name, address, phone number, date of birth, etc.) and your personal background;
- information related to or arising from your relationship with and through us;
- information you provide through the application and claim process for any of our insurance products and services; and
- information for the provision of products and services.

We may collect information from you, either directly or through representatives. We may collect and confirm this information during the course of our relationship. We may also obtain this information from a variety of sources including hospitals, doctors and other healthcare providers, the MIB, Inc., the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your employer.

Using your personal information

This information may be used from time to time for the following purposes:

- to verify your identity and investigate your personal background;
- to issue and maintain insurance products and services you may request;
- to evaluate insurance risk and manage claims;
- to better understand your insurance situation;
- to determine your eligibility for insurance products and services we offer;
- to help us better understand the current and future needs of our clients;
- to communicate to you any benefit, feature and other information about products and services you have with us;
- to help us better manage our business and your relationship with us; and
- as required or permitted by law.

For these purposes, we may make this information available to our employees, our agents and service providers, and third parties, who are required to maintain the confidentiality of this information.

In the event our service provider is located outside Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, the MIB, Inc. and financial institutions.

We may also use this information and share it with RBC® companies (i) to manage our risks and operations and those of RBC companies, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies know your choices under *"Other uses of your personal information"* for the sole purpose of honouring your choices.

If we have your social insurance number, we may use it for tax related purposes and share it with the appropriate government agencies.

Please note that this paragraph is not applicable if this form is submitted by an independent representative or a representative that is attached to a firm other than RBC Insurance®.

Other uses of your personal information

We may use this information to promote our products and services, and promote products and services of third parties we select, which may be of interest to you. We may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided.

We may also, where not prohibited by law, share this information with RBC companies for the purpose of referring you to them or promoting to you products and services which may be of interest to you. We and RBC companies may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided. You acknowledge that as a result of such sharing they may advise us of those products or services provided.

If you also deal with RBC companies, we may, where not prohibited by law, consolidate this information with information they have about you to allow us and any of them to manage your relationship with RBC companies and our business.

You understand that we and RBC companies are separate, affiliated corporations. RBC companies include our affiliates which are engaged in the business of providing any one or more of the following services to the public: deposits, loans and other personal financial services; credit, charge and payment card services; trust and custodial services; securities and brokerage services; and insurance services.

You may choose not to have this information shared or used for any of these "Other uses" by contacting us as set out below, and in this event, you will not be refused insurance products or services just for that reason. We will never use or share your health information for these purposes. We will respect your choices and, as mentioned above, we may share your choices with RBC companies for the sole purpose of honouring your choices regarding *"Other uses of your personal information."*

Your right to access your personal information

You may obtain access to the information we hold about you at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to ask questions about our privacy policies or to request that the information not be used for any or all of the purposes outlined in *"Other uses of your personal information"* you may do so now or at any time in the future by contacting us at:

RBC Life Insurance Company
P.O. Box 515, Station A,
Mississauga, Ontario
L5A 4M3
Telephone: 1-800-663-0417
Facsimile: 905-813-4816

Our privacy policies

You may obtain more information about our privacy policies by asking for a copy of our "Financial fraud prevention and privacy protection" brochure, by calling us at the toll free number shown above or by visiting our website at www.rbc.com/privacysecurity.