

MEDICAL QUESTIONNAIRES

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PERMANENT PRODUCTS

Essential Whole Life

No medical exam required for life insurance coverage up to \$999,999 for ages 18 to 45*.

No medical exam required for life insurance coverage up to \$499,999 for ages 46 to 50*.

No medical exam required for life insurance coverage up to \$249,999 for ages 51 to 60*.

No medical exam required for life insurance coverage up to \$99,999 for ages 61 to 65*.

No medical exam required for life insurance coverage up to \$50,000 for ages 66 to 69*.

Full underwriting for ages 70 to 75.

*All answers to medical and lifestyle questions must be in the negative. In the case of a positive answer or MIB, Inc. report, some underwriting requirements may be required upon the underwriter's request after submission. Medical exams are required based on age and face amount that falls outside the above-mentioned ranges.

Able to submit application even if there is a "YES" answer.

1. In the past five (5) years, have you applied for life insurance, critical illness insurance, disability insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)?
2. In the past ten (10) years, have you been tested for (other than routine tests showing negative results), received treatments for, or had any known indication of:
 - (a) Cancer or tumor?
 - (b) Convulsions, epilepsy, recurrent and severe headaches, paralysis, stroke, multiple sclerosis, Parkinson's disease, muscular dystrophy, Huntington's disease, Alzheimer's disease, dementia or any brain or neurological disorder, chronic fatigue, anxiety, depression, suicidal thoughts, attempted suicide, or other mental or nervous disorder?
 - (c) Heart murmur, high blood pressure, palpitations, chest pains, heart disease or any other disorder of the heart, blood vessels or blood, including abnormal cholesterol levels?
 - (d) Sleep apnea, respiratory or lung disorder, disorder of the stomach, liver, pancreas or intestines, including hepatitis B or C, or chronic diarrhea?
 - (e) Disorder of the kidneys, ureter, bladder (other than an uncomplicated urinary tract infection), breast, prostate, genital or reproductive organs, including any sexually transmitted infections?
 - (f) Disorder of the muscles, bones, back, neck, or joints, including fibromyalgia and arthritis, disorder of the eyes (other than corrective lenses), or disorder of the skin (other than acne or eczema)?
 - (g) Diabetes, disorder of the glands (other than controlled hypothyroidism) or lymph nodes, or other unexplained infections?
 - (h) AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex), AIDS virus antibody, or any other immunological disorder?
3. Are you aware of any signs or symptoms for which you have not yet consulted a physician and/or a specialist or received treatment, or for which you have consulted a physician and/or a specialist without having received a diagnosis?
4. In the past five (5) years, have you been convicted of impaired driving? If YES, complete and attach the Driving Record Questionnaire (4018).
5. In the past five (5) years, have you been convicted of a crime or violation of any law or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered? If YES, complete and attach the Criminal Activity Questionnaire (5337).
6. In the past five (5) years, have you used any drugs (including but not limited to marijuana, cocaine, LSD, amphetamines, hallucinogens, or unprescribed narcotics) or have you received advice or treatment for alcohol or drug abuse? If YES, complete and attach the appropriate questionnaire: Drug (3887), Alcohol (3876).
7. In the past five (5) years, have you been hospitalized, received treatments or been advised to receive treatment for any illness or disorder, other than discomfort, minor surgery or pregnancy?

8. In the past two (2) years, have you received more than three (3) tickets for moving violations? If YES, complete and attach the Driving Record Questionnaire (4018).
9. In the past two (2) years, have you engaged in any hazardous sports or activities or made aerial flights other than as a passenger or do you intend to engage in such sports, activities or flights? If YES, complete and attach the appropriate questionnaire: Scuba Diving (3908), Hazardous Sports and Activities (4885) or Aviation (3880).
10. Have you resided outside Canada in the past twelve (12) months or do you expect or plan to travel outside North America, the Caribbean, or Western Europe in the next twelve (12) months? If YES, specify the country, date, duration and, if applicable, purpose of travel or complete and attach the Foreign Travel and Residency Questionnaire (3893).
11. Do you have two (2) or more biological family members (father, mother, brother, sister), living or deceased, who were diagnosed before age 60 with the same condition among the following: diabetes, cancer, stroke, heart trouble, mental disorder that required hospitalization or who committed suicide?
12. Do you have a biological family member (father, mother, brother, sister), living or deceased, who was diagnosed before age 60 with any of the following conditions: Huntington's disease, polycystic kidney disease or any hereditary disease other than those listed in question 11?
13. Has your weight changed by more than 9.08 kg (20 lbs) in the past year? If YES, state your current height and weight, your weight a year ago, the loss or gain and the reason.
14. Does your weight exceed the weight corresponding to your height in the following table?
(different charts for adults and children)

Height		Weight		Height		Weight		Height		Weight	
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116
4' 11"	150	163	74	5' 7"	170	210	95	6' 3"	191	264	120
5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140

Additional question for face amount of \$250,000 or more for life insurance.

15. Do you have any life insurance in force exceeding twenty (20) times your annual salary?

Additional questions for face amount of \$500,000 or more for ages 18 to 45.

Additional questions for face amount of \$250,000 or more for ages 46 to 50.

16. Other than previously declared, have you ever been diagnosed with, received any treatment for, or had any known indication of:
 - (a) Leukemia, cancer or tumor (other than basal cell carcinoma)?
 - (b) Angina, heart attack, heart disease including valvular (murmur), arrhythmia, or other heart disorder?
 - (c) Stroke, TIA (transient Ischemic Attack, ministroke)?
 - (d) Glomerulonephritis or connective tissue disease?
 - (e) HIV (human immunodeficiency virus) infection, AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex)?
17. Other than previously declared, in the past two (2) years, have you had any other disease, disorder, or abnormal test results that have not yet been disclosed?

Platinum Protection Whole Life

Unable to submit application if there is a "YES" answer.

1. Does your weight exceed the weight corresponding to your height in the following table?

Height		Weight		Height		Weight	
ft/in.	cm	lb	kg	ft/in.	cm	lb	kg
4' 10"	147	192	87	5' 10"	178	278	126
4' 11"	150	198	90	5' 11"	180	286	130
5' 0"	152	205	93	6' 0"	183	294	133
5' 1"	155	212	96	6' 1"	185	302	137
5' 2"	157	219	99	6' 2"	188	310	141
5' 3"	160	226	103	6' 3"	191	318	144
5' 4"	163	233	106	6' 4"	193	326	148
5' 5"	165	240	109	6' 5"	196	334	151
5' 6"	168	247	112	6' 6"	198	342	155
5' 7"	170	254	115	6' 7"	201	350	159
5' 8"	173	262	119	6' 8"	203	358	162
5' 9"	175	270	122	6' 9"	206	366	166

2. In the past twelve (12) months, have you lost more than 10% of your current body weight (other than due to pregnancy, intentional dieting or exercise)?
3. Are you currently:
- (a) Admitted to a hospital?
 - (b) Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?
4. Are you aware of any signs, symptoms, or any abnormal diagnostic test for which:
- (a) You have not yet consulted a physician?
 - (b) You are currently being investigated?
 - (c) You have a pending consultation with a medical specialist? (Medical specialist does not include a general practitioner and pending consultation does not include a routine follow-up.)
 - (d) You have consulted with medical specialist without having received a diagnosis?
 - (e) You are currently awaiting for a surgery (other than day surgery/outpatient surgery)?
5. Have you ever:
- (a) Been diagnosed with, hospitalized for, or undergone treatment (including medication) for cystic fibrosis, HIV, AIDS, or AIDS-related complex?
 - (b) Been diagnosed with or undergone treatment (including medication) for muscular dystrophy, Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?
 - (c) Been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?

Question for insured age 50 or under ONLY

6. Do you have a biological family member (father, mother, brother, sister), who was diagnosed with Huntington's disease or polycystic kidney disease, and for which you have not been investigated for these diseases?
7. In the past ten (10) years, have you:
- (a) Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 - (b) Been diagnosed with or hospitalized for congestive heart failure or cardiomyopathy?

8. In the past five (5) years, have you been diagnosed with or hospitalized for:
 - (a) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?
 - (b) Angina or a heart attack or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
 - (c) Cerebrovascular accident (stroke)?
9. In the past five (5) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for leukemia or cancer (other than basal cell carcinoma)?
10. Have you ever been diagnosed with diabetes (other than gestational diabetes) **and** ever had any of the following conditions:
 - (a) Heart attack?
 - (b) Angina?
 - (c) Cerebrovascular accident (stroke)?
 - (d) Peripheral vascular disease?
 - (e) Gangrene?
 - (f) Amputation?
 - (g) Hypoglycemic coma?
11. In the past ten (10) years, have you required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?
12. In the past two (2) years, have you been:
 - (a) Hospitalized for any respiratory disorder?
 - (b) Treated with oral Prednisone or other oral corticosteroid for any respiratory disorder?
13. In the past ten (10) years, have you been diagnosed with or hospitalized for:
 - (a) Hepatitis B or C?
 - (b) Cirrhosis of the liver?
 - (c) Chronic pancreatitis?
 - (d) Two (2) or more episodes of acute pancreatitis?
14. In the past five (5) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for any of the following conditions:
 - (a) Convulsions, epilepsy, transient ischemic attack (TIA or mini-stroke), a spinal cord or brain tumor?
 - (b) bipolar disorder, schizophrenia, or psychosis?
 - (c) Multiple sclerosis or Parkinson's disease?
 - (d) Rheumatoid arthritis or paralysis?
 - (e) Heart murmur or arrhythmia?
 - (f) Crohn's disease or ulcerative colitis?
 - (g) Glomerulonephritis, scleroderma or Systemic Lupus Erythematosus (SLE)?
15. Is your driver's license currently suspended or revoked as a result of any driving infractions?
16. In the past three (3) years, have you:
 - (a) Used narcotics, barbiturates or steroids (other than prescribed by a physician)?
 - (b) Used any unprescribed drugs (other than marijuana products or over the counter medications), including but not limited to cocaine, LSD, amphetamines, hallucinogens?
 - (c) Used any prescribed or non-prescribed marijuana products more than 6 times per week?
 - (d) Been advised by a health professional to discontinue your consumption of alcohol or drugs, or have you received advice or undergone treatment (including medication) for alcohol or drug abuse?
 - (e) Been accused or charged with an alcohol-related or a drug-related driving offence or refused a breathalyzer?
 - (f) Been incarcerated, convicted of a crime or violation of any law, or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered?

17. In the past three (3) months, have you required a new medication for high blood pressure or an increase in the dosage of any medication for high blood pressure?
18. In the next twelve (12) months, do you expect or plan to travel outside North America, the Caribbean (excluding Haiti), or Western Europe for more than six (6) weeks?
19. In the next twelve (12) months, do you expect or plan to engage in any hazardous sports or activities, or aerial flights other than as a passenger, commercial pilot, or crew member of a commercial flight?

Golden Protection Elite Whole Life

Unable to submit application if there is a "YES" answer.

1. Does your weight exceed the weight corresponding to your height in the following table?

Height		Weight		Height		Weight	
ft/in.	cm	lb	kg	ft/in.	cm	lb	kg
4' 10"	147	192	87	5' 10"	178	278	126
4' 11"	150	198	90	5' 11"	180	286	130
5' 0"	152	205	93	6' 0"	183	294	133
5' 1"	155	212	96	6' 1"	185	302	137
5' 2"	157	219	99	6' 2"	188	310	141
5' 3"	160	226	103	6' 3"	191	318	144
5' 4"	163	233	106	6' 4"	193	326	148
5' 5"	165	240	109	6' 5"	196	334	151
5' 6"	168	247	112	6' 6"	198	342	155
5' 7"	170	254	115	6' 7"	201	350	159
5' 8"	173	262	119	6' 8"	203	358	162
5' 9"	175	270	122	6' 9"	206	366	166

2. In the past twelve (12) months, have you lost more than 10% of your current body weight (other than due to pregnancy, intentional dieting or exercise)?
3. Are you currently:
- (a) Admitted to a hospital?
 - (b) Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?
4. Are you aware of any signs, symptoms, or any abnormal diagnostic test for which:
- (a) You have not yet consulted a physician?
 - (b) You are currently being investigated?
 - (c) You have a pending consultation with a medical specialist? (Medical specialist does not include a general practitioner and pending consultation does not include a routine follow-up.)
 - (d) You have consulted with medical specialist without having received a diagnosis?
 - (e) You are currently awaiting for a surgery (other than day surgery/outpatient surgery)?
5. Have you ever:
- (a) Been diagnosed with, hospitalized for, or undergone treatment (including medication) for cystic fibrosis, HIV, AIDS, or AIDS-related complex?
 - (b) Been diagnosed with or undergone treatment (including medication) for muscular dystrophy, Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?
 - (c) Been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?

Question for insured age 50 or under ONLY

6. Do you have a biological family member (father, mother, brother, sister), who was diagnosed with Huntington's disease or polycystic kidney disease, and for which you have not been investigated for these diseases?
7. In the past ten (10) years, have you:
- (a) Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 - (b) Been diagnosed with or hospitalized for congestive heart failure or cardiomyopathy?

8. In the past five (5) years, have you been diagnosed with or hospitalized for:
 - (a) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?
 - (b) Angina or a heart attack or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
 - (c) Cerebrovascular accident (stroke)?
9. In the past five (5) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for leukemia or cancer (other than basal cell carcinoma)?
10. Have you ever been diagnosed with diabetes (other than gestational diabetes) **and** had any of the following conditions in the past five (5) years:
 - (a) Heart attack?
 - (b) Angina?
 - (c) Cerebrovascular accident (stroke)?
 - (d) Peripheral vascular disease?
 - (e) Gangrene?
 - (f) Amputation?
 - (g) Hypoglycemic coma?
11. In the past ten (10) years, have you required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?
12. In the past two (2) years, have you been:
 - (a) Hospitalized for any respiratory disorder?
 - (b) Treated with oral Prednisone or other oral corticosteroid for any respiratory disorder?
13. In the past five (5) years, have you been diagnosed with or hospitalized for:
 - (a) Hepatitis B or C?
 - (b) Cirrhosis of the liver?
 - (c) Chronic pancreatitis?
 - (d) Two (2) or more episodes of acute pancreatitis?
14. In the past three (3) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for any of the following conditions:
 - (a) Convulsions, epilepsy, transient ischemic attack (TIA or mini-stroke), a spinal cord or brain tumor?
 - (b) bipolar disorder, schizophrenia, or psychosis?
 - (c) Multiple sclerosis or Parkinson's disease?
 - (d) Rheumatoid arthritis or paralysis?
 - (e) Heart murmur or arrhythmia?
 - (f) Crohn's disease or ulcerative colitis?
 - (g) Glomerulonephritis, scleroderma or Systemic Lupus Erythematosus (SLE)?
15. Is your driver's license currently suspended or revoked as a result of any driving infractions?
16. In the past three (3) years, have you:
 - (a) Used narcotics, barbiturates or steroids (other than prescribed by a physician)?
 - (b) Used any unprescribed drugs (other than marijuana products or over the counter medications), including but not limited to cocaine, LSD, amphetamines, hallucinogens?
 - (c) Used any prescribed or non-prescribed marijuana products more than 6 times per week?
 - (d) Been advised by a health professional to discontinue your consumption of alcohol or drugs, or have you received advice or undergone treatment (including medication) for alcohol or drug abuse?
 - (e) Been accused or charged with an alcohol-related or a drug-related driving offence or refused a breathalyzer?
 - (f) Been incarcerated, convicted of a crime or violation of any law, or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered?

17. In the next twelve (12) months, do you expect or plan to travel outside North America, the Caribbean (excluding Haiti), or Western Europe for more than twelve (12) weeks?

18. In the next twelve (12) months, do you expect or plan to engage in any hazardous sports or activities, or aerial flights other than as a passenger, commercial pilot, or crew member of a commercial flight?

Golden Protection

Unable to submit application if there is a "YES" answer.

1. Does your weight exceed the weight corresponding to your height in the following table?

Height		Weight		Height		Weight	
ft/in.	cm	lb	kg	ft/in.	cm	lb	kg
4' 10"	147	206	93	5' 10"	178	296	134
4' 11"	150	213	97	5' 11"	180	304	138
5' 0"	152	220	100	6' 0"	183	312	142
5' 1"	155	227	103	6' 1"	185	321	146
5' 2"	157	234	106	6' 2"	188	330	150
5' 3"	160	241	109	6' 3"	191	339	154
5' 4"	163	248	112	6' 4"	193	348	158
5' 5"	165	256	116	6' 5"	196	357	162
5' 6"	168	264	120	6' 6"	198	366	166
5' 7"	170	272	123	6' 7"	201	375	170
5' 8"	173	280	127	6' 8"	203	384	174
5' 9"	175	288	131	6' 9"	206	393	178

2. In the past twelve (12) months, have you lost more than 10% of your current body weight (other than due to pregnancy, intentional dieting or exercise)?
3. Are you currently:
- Admitted to a hospital?
 - Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?
4. Are you aware of any signs, symptoms, or any abnormal diagnostic test for which:
- You have not yet consulted a physician?
 - You are currently being investigated?
 - You have a pending consultation with a medical specialist? (Medical specialist does not include a general practitioner and pending consultation does not include a routine follow-up.)
 - You have consulted with medical specialist without having received a diagnosis?
 - You are currently awaiting for a surgery (other than day surgery/outpatient surgery)?
5. Have you ever:
- Been diagnosed with, hospitalized for, or undergone treatment (including medication) for cystic fibrosis, HIV, AIDS, or AIDS-related complex?
 - Been diagnosed with or undergone treatment (including medication) for muscular dystrophy, Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?
 - Been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?
6. In the past five (5) years, have you:
- Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 - Been diagnosed with or hospitalized for congestive heart failure or cardiomyopathy?

7. In the past three (3) years, have you been diagnosed with or hospitalized for:
 - (a) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?
 - (b) Angina or a heart attack or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
 - (c) Cerebrovascular accident (stroke)?
8. In the past three (3) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for leukemia or cancer (other than basal cell carcinoma)?
9. Have you ever been diagnosed with diabetes (other than gestational diabetes) **and** had any of the following conditions in the past three (3) years:
 - (a) Heart attack?
 - (b) Angina?
 - (c) Cerebrovascular accident (stroke)?
 - (d) Peripheral vascular disease?
 - (e) Gangrene?
 - (f) Amputation?
 - (g) Hypoglycemic coma?
10. In the past ten (10) years, have you required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?
11. In the past twelve (12) months, have you been:
 - (a) Hospitalized for any respiratory disorder?
 - (b) Treated with oral Prednisone or other oral corticosteroid for any respiratory disorder?
12. In the past three (3) years, have you been diagnosed with or hospitalized for:
 - (a) Hepatitis B or C?
 - (b) Cirrhosis of the liver?
 - (c) Chronic pancreatitis?
 - (d) Two (2) or more episodes of acute pancreatitis?
13. In the past two (2) years, have you:
 - (a) Used narcotics, barbiturates or steroids (other than prescribed by a physician)?
 - (b) Used any unprescribed drugs (other than marijuana products or over the counter medications), including but not limited to cocaine, LSD, amphetamines, hallucinogens?
 - (c) Used any prescribed or non-prescribed marijuana products more than 6 times per week?
 - (d) Been advised by a health professional to discontinue your consumption of alcohol or drugs, or have you received advice or undergone treatment (including medication) for alcohol or drug abuse?
 - (e) Been accused or charged with an alcohol-related or a drug-related driving offence or refused a breathalyzer?
 - (f) Been incarcerated, convicted of a crime or violation of any law, or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered?

Silver Protection

Unable to submit application if there is a "YES" answer.

1. Does your weight exceed the weight corresponding to your height in the following table?

Height		Weight		Height		Weight	
ft/in.	cm	lb	kg	ft/in.	cm	lb	kg
4' 10"	147	236	107	5' 10"	178	339	154
4' 11"	150	244	110	5' 11"	180	349	158
5' 0"	152	252	114	6' 0"	183	359	163
5' 1"	155	260	118	6' 1"	185	369	167
5' 2"	157	268	122	6' 2"	188	379	172
5' 3"	160	276	125	6' 3"	191	389	176
5' 4"	163	285	129	6' 4"	193	399	181
5' 5"	165	294	133	6' 5"	196	409	186
5' 6"	168	303	137	6' 6"	198	419	190
5' 7"	170	312	142	6' 7"	201	429	195
5' 8"	173	321	146	6' 8"	203	439	199
5' 9"	175	330	150	6' 9"	206	449	204

2. Are you currently:
- Admitted to a hospital?
 - Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?
3. Are you aware of any signs, symptoms, or any abnormal diagnostic test for which:
- You have not yet consulted a physician?
 - You are currently being investigated?
 - You have a pending consultation with a medical specialist? (Medical specialist does not include a general practitioner and pending consultation does not include a routine follow-up.)
 - You have consulted with medical specialist without having received a diagnosis?
 - You are currently awaiting for a surgery (other than day surgery/outpatient surgery)?
4. Have you ever:
- Been diagnosed with, hospitalized for, or undergone treatment (including medication) for cystic fibrosis, HIV, AIDS, or AIDS-related complex?
 - Been diagnosed with or undergone treatment (including medication) for muscular dystrophy, Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?
 - Been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?
5. In the past five (5) years, have you:
- Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 - Been diagnosed with or hospitalized for congestive heart failure or cardiomyopathy?
6. In the past two (2) years, have you been diagnosed with or hospitalized for:
- Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?
 - Angina or a heart attack or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
 - Cerebrovascular accident (stroke)?

7. In the past two (2) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for leukemia or cancer (other than basal cell carcinoma)?
8. In the past twelve (12) months, have you been advised by a health professional to discontinue your consumption of alcohol or drugs, or have you received advice or undergone treatment (including medication) for alcohol or drug abuse?

TERM PRODUCTS

FLEXTERM

No medical exam required for life insurance coverage up to \$999,999 for ages 18 to 45*.

No medical exam required for life insurance coverage up to \$499,999 for ages 46 to 50*.

No medical exam required for life insurance coverage up to \$249,999 for ages 51 to 60*.

No medical exam required for life insurance coverage up to \$99,999 for ages 61 to 65*.

No medical exam required for life insurance coverage up to \$50,000 for ages 66 to 69*.

Full underwriting for ages 70 to 75.

*All answers to medical and lifestyle questions must be in the negative. In the case of a positive answer or MIB, Inc. report, some underwriting requirements may be required upon the underwriter's request after submission. Medical exams are required based on age and face amount that falls outside the above-mentioned ranges.

Able to submit application even if there is a "YES" answer.

FLEXTERM

Term life insurance level or decreasing with the following term options 10, 15, 20, 25, 30 and 35 years.

1. In the past five (5) years, have you applied for life insurance, critical illness insurance, disability insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)?
2. In the past ten (10) years, have you been tested for (other than routine tests showing negative results), received treatments for, or had any known indication of:
 - (a) Cancer or tumor?
 - (b) Convulsions, epilepsy, recurrent and severe headaches, paralysis, stroke, multiple sclerosis, Parkinson's disease, muscular dystrophy, Huntington's disease, Alzheimer's disease, dementia or any brain or neurological disorder, chronic fatigue, anxiety, depression, suicidal thoughts, attempted suicide, or other mental or nervous disorder?
 - (c) Heart murmur, high blood pressure, palpitations, chest pains, heart disease or any other disorder of the heart, blood vessels or blood, including abnormal cholesterol levels?
 - (d) Sleep apnea, respiratory or lung disorder, disorder of the stomach, liver, pancreas or intestines, including hepatitis B or C, or chronic diarrhea?
 - (e) Disorder of the kidneys, ureter, bladder (other than an uncomplicated urinary tract infection), breast, prostate, genital or reproductive organs, including any sexually transmitted infections?
 - (f) Disorder of the muscles, bones, back, neck, or joints, including fibromyalgia and arthritis, disorder of the eyes (other than corrective lenses), or disorder of the skin (other than acne or eczema)?
 - (g) Diabetes, disorder of the glands (other than controlled hypothyroidism) or lymph nodes, or other unexplained infections?
 - (h) AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex), AIDS virus antibody, or any other immunological disorder?
3. Are you aware of any signs or symptoms for which you have not yet consulted a physician and/or a specialist or received treatment, or for which you have consulted a physician and/or a specialist without having received a diagnosis?
4. In the past five (5) years, have you been convicted of impaired driving? If YES, complete and attach the Driving Record Questionnaire (4018).
5. In the past five (5) years, have you been convicted of a crime or violation of any law or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered? If YES, complete and attach the Criminal Activity Questionnaire (5337).
6. In the past five (5) years, have you used any drugs (including but not limited to marijuana, cocaine, LSD, amphetamines, hallucinogens, or unprescribed narcotics) or have you received advice or treatment for alcohol or drug abuse? If YES, complete and attach the appropriate questionnaire: Drug (3887), Alcohol (3876).

7. In the past five (5) years, have you been hospitalized, received treatments or been advised to receive treatment for any illness or disorder, other than discomfort, minor surgery or pregnancy?
8. In the past two (2) years, have you received more than three (3) tickets for moving violations? If YES, complete and attach the Driving Record Questionnaire (4018).
9. In the past two (2) years, have you engaged in any hazardous sports or activities or made aerial flights other than as a passenger or do you intend to engage in such sports, activities or flights? If YES, complete and attach the appropriate questionnaire: Scuba Diving (3908), Hazardous Sports and Activities (4885) or Aviation (3880).
10. Have you resided outside Canada in the past twelve (12) months or do you expect or plan to travel outside North America, the Caribbean, or Western Europe in the next twelve (12) months? If YES, specify the country, date, duration and, if applicable, purpose of travel or complete and attach the Foreign Travel and Residency Questionnaire (3893).
11. Do you have two (2) or more biological family members (father, mother, brother, sister), living or deceased, who were diagnosed before age 60 with the same condition among the following: diabetes, cancer, stroke, heart trouble, mental disorder that required hospitalization or who committed suicide?
12. Do you have a biological family member (father, mother, brother, sister), living or deceased, who was diagnosed before age 60 with any of the following conditions: Huntington’s disease, polycystic kidney disease or any hereditary disease other than those listed in question 11?
13. Has your weight changed by more than 9.08 kg (20 lbs) in the past year? If YES, state your current height and weight, your weight a year ago, the loss or gain and the reason.
14. Does your weight exceed the weight corresponding to your height in the following table?
(different charts for adults and children)

Height		Weight		Height		Weight		Height		Weight	
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116
4' 11"	150	163	74	5' 7"	170	210	95	6' 3"	191	264	120
5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140

Additional question for face amount of \$250,000 or more for life insurance.

15. Do you have any life insurance in force exceeding twenty (20) times your annual salary?

Additional questions for face amount of \$500,000 or more for ages 18 to 45.

Additional questions for face amount of \$250,000 or more for ages 46 to 50.

16. Other than previously declared, have you ever been diagnosed with, received any treatment for, or had any known indication of:
- (a) Leukemia, cancer or tumor (other than basal cell carcinoma)?
 - (b) Angina, heart attack, heart disease including valvular (murmur), arrhythmia, or other heart disorder?
 - (c) Stroke, TIA (transient Ischemic Attack, ministroke)?
 - (d) Glomerulonephritis or connective tissue disease?
 - (e) HIV (human immunodeficiency virus) infection, AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex)?
17. Other than previously declared, in the past two (2) years, have you had any other disease, disorder, or abnormal test results that have not yet been disclosed?

YOUTH PLUS

Term insurance with guaranteed insurability.

Youth Plus offers a quick and easy way to provide guaranteed insurability at little cost. Convert Youth Plus to a permanent or term insurance at age 25, regardless of health status.

Able to submit application even if there is a "YES" answer.

1. Has the Proposed Insured been advised to consult a medical specialist or have any analysis or diagnostic tests which have not yet been undertaken or for which results are not yet known? (Medical specialist does not include a general practitioner.)
2. Was the Proposed Insured born prematurely or with an abnormality or disease?
3. Has the Proposed Insured been hospitalized or undergone any surgery or waiting to be hospitalized or to undergo surgery?
4. Is the Proposed Insured currently undergoing treatment, including medication, or under medical observation?
5. Does the Proposed Insured suffer from any disease, disorder, syndrome or physical or mental condition?
6. Has the Proposed Insured ever used any drugs (including but not limited to marijuana, cocaine, LSD, amphetamines, hallucinogens, or unprescribed narcotics) or has he/she received advice or treatment for alcohol or drug abuse? If YES, complete and attach the appropriate questionnaire: Drug (3887), Alcohol (3876).
7. Has the Proposed Insured ever engaged in any hazardous sports or activities or intend to engage in such sports or activities? If YES, complete and attach the appropriate hazardous sports and activities questionnaire (4885).
8. Has the Proposed Insured ever been convicted of impaired driving or had any moving violations? If YES, complete and attach the Driving Record Questionnaire (4018).
9. Has the Proposed Insured ever applied for life insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)?
10. In regards to the Proposed Insured, has a parent or brother or sister aged 17 years or less requested life insurance or is any of them insured for a lesser amount than the amount requested in this application? If YES, specify the family member, the amount of insurance in force or proposed amount, and the reason.
11. Does the Proposed Insured live with a person other than a biological or adoptive parent? If YES, specify.
12. Does the Proposed Insured's weight exceed the weight corresponding to his/her height in the following table?

Age in months	Height				Weight			
	in		cm		lb		kg	
	Min	Max	Min	Max	Min	Max	Min	Max
15 days-1 mo	19	24	48	61	5	14	2	6
2	20	26	51	66	6	17	3	8
3	21	28	53	71	8	20	4	9
4	22	29	56	74	9	22	4	10
5	23	31	58	79	10	25	5	11
6 - 8	23	33	61	84	11	29	5	13
9 - 11	24	35	64	89	13	32	6	15
12 - 14	26	37	66	94	14	35	6	16
15 - 17	27	38	69	97	16	38	7	17
18 - 20	28	40	71	102	18	44	8	20
21 - 23	29	42	74	107	19	50	9	23

Current age 2 to 4 years of age					
Height		Weight			
Ft/in	cm	lb		kg	
		Min	Max	Min	Max
2' 6"	76	19	39	9	18
2' 7"	79	19	41	9	19
2' 8"	81	20	43	9	20
2' 9"	84	20	45	9	20
2' 10"	86	21	47	10	21
2' 11"	89	22	50	10	23
3' 0"	91	24	53	11	24
3' 1"	94	25	56	11	25
3' 2"	97	26	59	12	27
3' 3"	99	27	62	12	28
3' 4"	102	29	65	13	30
3' 5"	104	30	67	14	30
3' 6"	107	31	69	14	31
3' 7"	109	32	71	15	32

Current age 5 to 8 years of age					
Height		Weight			
Ft/in	cm	lb		kg	
		Min	Max	Min	Max
3' 2"	97	27	60	12	27
3' 3"	99	29	63	13	29
3' 4"	102	30	66	14	30
3' 5"	104	32	69	15	31
3' 6"	107	34	73	15	33
3' 7"	109	36	76	16	35
3' 8"	112	38	79	17	36
3' 9"	114	40	82	18	37
3' 10"	117	42	85	19	39
3' 11"	119	44	89	20	40
4' 0"	122	46	92	21	42
4' 1"	124	48	95	22	43
4' 2"	127	50	99	23	45
4' 3"	130	52	102	24	46
4' 4"	132	54	106	25	48
4' 5"	135	56	109	25	49
4' 6"	137	58	113	26	51
4' 7"	140	60	116	27	53
4' 8"	142	62	120	28	54

Current age 9 to 11 years of age					
Height		Weight			
Ft/in	cm	lb		kg	
		Min	Max	Min	Max
3' 8"	112	35	77	16	35
3' 9"	114	37	81	17	37
3' 10"	117	40	85	18	39
3' 11"	119	42	89	19	40
4' 0"	122	45	93	20	42
4' 1"	124	47	97	21	44
4' 2"	127	50	102	23	46
4' 3"	130	52	106	24	48
4' 4"	132	55	110	25	50
4' 5"	135	57	114	26	52
4' 6"	137	60	118	27	54
4' 7"	140	62	123	28	56
4' 8"	142	65	127	30	58
4' 9"	145	67	131	30	59
4' 10"	147	70	135	32	61
4' 11"	150	72	139	33	63
5' 0"	152	75	144	34	65
5' 1"	155	77	148	35	67
5' 2"	157	80	152	36	69
5' 3"	160	83	157	38	71

Current age 12 to 14 years of age					
Height		Weight			
Ft/in	cm	lb		kg	
		Min	Max	Min	Max
4' 4"	132	54	112	25	51
4' 5"	135	57	117	26	53
4' 6"	137	60	122	27	55
4' 7"	140	63	127	29	58
4' 8"	142	66	132	30	60
4' 9"	145	69	137	31	62
4' 10"	147	72	142	33	64
4' 11"	150	75	147	34	67
5' 0"	152	78	152	35	69
5' 1"	155	81	157	37	71
5' 2"	157	84	162	38	74
5' 3"	160	87	167	39	76
5' 4"	163	91	172	41	78
5' 5"	165	94	177	43	80
5' 6"	168	97	183	44	83
5' 7"	170	100	188	45	85
5' 8"	173	103	193	47	88
5' 9"	175	106	198	48	90
5' 10"	178	109	203	49	92
5' 11"	180	113	208	51	94
6' 0"	183	117	213	53	97
6' 1"	185	120	219	54	99

Current age – 15 to 17 years of age															
Height		Weight			Height		Weight			Height		Weight			
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116				
4' 11"	150	163	74	5' 7"	170	210	95	6' 3"	191	264	120				
5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123				
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126				
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129				
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133				
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136				
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140				

Platinum Protection Term

Unable to submit application if there is a "YES" answer.

1. Does your weight exceed the weight corresponding to your height in the following table?

Height		Weight		Height		Weight	
ft/in.	cm	lb	kg	ft/in.	cm	lb	kg
4' 10"	147	192	87	5' 10"	178	278	126
4' 11"	150	198	90	5' 11"	180	286	130
5' 0"	152	205	93	6' 0"	183	294	133
5' 1"	155	212	96	6' 1"	185	302	137
5' 2"	157	219	99	6' 2"	188	310	141
5' 3"	160	226	103	6' 3"	191	318	144
5' 4"	163	233	106	6' 4"	193	326	148
5' 5"	165	240	109	6' 5"	196	334	151
5' 6"	168	247	112	6' 6"	198	342	155
5' 7"	170	254	115	6' 7"	201	350	159
5' 8"	173	262	119	6' 8"	203	358	162
5' 9"	175	270	122	6' 9"	206	366	166

2. In the past twelve (12) months, have you lost more than 10% of your current body weight (other than due to pregnancy, intentional dieting or exercise)?
3. Are you currently:
- Admitted to a hospital?
 - Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?
4. Are you aware of any signs, symptoms, or any abnormal diagnostic test for which:
- You have not yet consulted a physician?
 - You are currently being investigated?
 - You have a pending consultation with a medical specialist? (Medical specialist does not include a general practitioner and pending consultation does not include a routine follow-up.)
 - You have consulted with medical specialist without having received a diagnosis?
 - You are currently awaiting for a surgery (other than day surgery/outpatient surgery)?
5. Have you ever:
- Been diagnosed with, hospitalized for, or undergone treatment (including medication) for cystic fibrosis, HIV, AIDS, or AIDS-related complex?
 - Been diagnosed with or undergone treatment (including medication) for muscular dystrophy, Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?
 - Been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?

Question for insured age 50 or under ONLY

6. Do you have a biological family member (father, mother, brother, sister), who was diagnosed with Huntington's disease or polycystic kidney disease, and for which you have not been investigated for these diseases?
7. In the past ten (10) years, have you:
- Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 - Been diagnosed with or hospitalized for congestive heart failure or cardiomyopathy?

8. In the past five (5) years, have you been diagnosed with or hospitalized for:
 - (a) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?
 - (b) Angina or a heart attack or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
 - (c) Cerebrovascular accident (stroke)?
9. In the past five (5) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for leukemia or cancer (other than basal cell carcinoma)?
10. Have you ever been diagnosed with diabetes (other than gestational diabetes) **and** ever had any of the following conditions:
 - (a) Heart attack?
 - (b) Angina?
 - (c) Cerebrovascular accident (stroke)?
 - (d) Peripheral vascular disease?
 - (e) Gangrene?
 - (f) Amputation?
 - (g) Hypoglycemic coma?
11. In the past ten (10) years, have you required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?
12. In the past two (2) years, have you been:
 - (a) Hospitalized for any respiratory disorder?
 - (b) Treated with oral Prednisone or other oral corticosteroid for any respiratory disorder?
13. In the past ten (10) years, have you been diagnosed with or hospitalized for:
 - (a) Hepatitis B or C?
 - (b) Cirrhosis of the liver?
 - (c) Chronic pancreatitis?
 - (d) Two (2) or more episodes of acute pancreatitis?
14. In the past five (5) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for any of the following conditions:
 - (a) Convulsions, epilepsy, transient ischemic attack (TIA or mini-stroke), a spinal cord or brain tumor?
 - (b) bipolar disorder, schizophrenia, or psychosis?
 - (c) Multiple sclerosis or Parkinson's disease?
 - (d) Rheumatoid arthritis or paralysis?
 - (e) Heart murmur or arrhythmia?
 - (f) Crohn's disease or ulcerative colitis?
 - (g) Glomerulonephritis, scleroderma or Systemic Lupus Erythematosus (SLE)?
15. Is your driver's license currently suspended or revoked as a result of any driving infractions?
16. In the past three (3) years, have you:
 - (a) Used narcotics, barbiturates or steroids (other than prescribed by a physician)?
 - (b) Used any unprescribed drugs (other than marijuana products or over the counter medications), including but not limited to cocaine, LSD, amphetamines, hallucinogens?
 - (c) Used any prescribed or non-prescribed marijuana products more than 6 times per week?
 - (d) Been advised by a health professional to discontinue your consumption of alcohol or drugs, or have you received advice or undergone treatment (including medication) for alcohol or drug abuse?
 - (e) Been accused or charged with an alcohol-related or a drug-related driving offence or refused a breathalyzer?
 - (f) Been incarcerated, convicted of a crime or violation of any law, or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered?

17. In the past three (3) months, have you required a new medication for high blood pressure or an increase in the dosage of any medication for high blood pressure?
18. In the next twelve (12) months, do you expect or plan to travel outside North America, the Caribbean (excluding Haiti), or Western Europe for more than six (6) weeks?
19. In the next twelve (12) months, do you expect or plan to engage in any hazardous sports or activities, or aerial flights other than as a passenger, commercial pilot, or crew member of a commercial flight?

Golden Protection Elite Term

Unable to submit application if there is a "YES" answer.

1. Does your weight exceed the weight corresponding to your height in the following table?

Height		Weight		Height		Weight	
ft/in.	cm	lb	kg	ft/in.	cm	lb	kg
4' 10"	147	192	87	5' 10"	178	278	126
4' 11"	150	198	90	5' 11"	180	286	130
5' 0"	152	205	93	6' 0"	183	294	133
5' 1"	155	212	96	6' 1"	185	302	137
5' 2"	157	219	99	6' 2"	188	310	141
5' 3"	160	226	103	6' 3"	191	318	144
5' 4"	163	233	106	6' 4"	193	326	148
5' 5"	165	240	109	6' 5"	196	334	151
5' 6"	168	247	112	6' 6"	198	342	155
5' 7"	170	254	115	6' 7"	201	350	159
5' 8"	173	262	119	6' 8"	203	358	162
5' 9"	175	270	122	6' 9"	206	366	166

2. In the past twelve (12) months, have you lost more than 10% of your current body weight (other than due to pregnancy, intentional dieting or exercise)?
3. Are you currently:
- (a) Admitted to a hospital?
 - (b) Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?
4. Are you aware of any signs, symptoms, or any abnormal diagnostic test for which:
- (a) You have not yet consulted a physician?
 - (b) You are currently being investigated?
 - (c) You have a pending consultation with a medical specialist? (Medical specialist does not include a general practitioner and pending consultation does not include a routine follow-up.)
 - (d) You have consulted with medical specialist without having received a diagnosis?
 - (e) You are currently awaiting for a surgery (other than day surgery/outpatient surgery)?
5. Have you ever:
- (a) Been diagnosed with, hospitalized for, or undergone treatment (including medication) for cystic fibrosis, HIV, AIDS, or AIDS-related complex?
 - (b) Been diagnosed with or undergone treatment (including medication) for muscular dystrophy, Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?
 - (c) Been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?

Question for insured age 50 or under ONLY

6. Do you have a biological family member (father, mother, brother, sister), who was diagnosed with Huntington's disease or polycystic kidney disease, and for which you have not been investigated for these diseases?
7. In the past ten (10) years, have you:
- (a) Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 - (b) Been diagnosed with or hospitalized for congestive heart failure or cardiomyopathy?

8. In the past five (5) years, have you been diagnosed with or hospitalized for:
 - (a) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?
 - (b) Angina or a heart attack or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
 - (c) Cerebrovascular accident (stroke)?
9. In the past five (5) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for leukemia or cancer (other than basal cell carcinoma)?
10. Have you ever been diagnosed with diabetes (other than gestational diabetes) **and** had any of the following conditions in the past five (5) years:
 - (a) Heart attack?
 - (b) Angina?
 - (c) Cerebrovascular accident (stroke)?
 - (d) Peripheral vascular disease?
 - (e) Gangrene?
 - (f) Amputation?
 - (g) Hypoglycemic coma?
11. In the past ten (10) years, have you required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?
12. In the past two (2) years, have you been:
 - (a) Hospitalized for any respiratory disorder?
 - (b) Treated with oral Prednisone or other oral corticosteroid for any respiratory disorder?
13. In the past five (5) years, have you been diagnosed with or hospitalized for:
 - (a) Hepatitis B or C?
 - (b) Cirrhosis of the liver?
 - (c) Chronic pancreatitis?
 - (d) Two (2) or more episodes of acute pancreatitis?
14. In the past three (3) years, have you been diagnosed with, hospitalized for, or undergone treatment (including medication) for any of the following conditions:
 - (a) Convulsions, epilepsy, transient ischemic attack (TIA or mini-stroke), a spinal cord or brain tumor?
 - (b) bipolar disorder, schizophrenia, or psychosis?
 - (c) Multiple sclerosis or Parkinson's disease?
 - (d) Rheumatoid arthritis or paralysis?
 - (e) Heart murmur or arrhythmia?
 - (f) Crohn's disease or ulcerative colitis?
 - (g) Glomerulonephritis, scleroderma or Systemic Lupus Erythematosus (SLE)?
15. Is your driver's license currently suspended or revoked as a result of any driving infractions?
16. In the past three (3) years, have you:
 - (a) Used narcotics, barbiturates or steroids (other than prescribed by a physician)?
 - (b) Used any unprescribed drugs (other than marijuana products or over the counter medications), including but not limited to cocaine, LSD, amphetamines, hallucinogens?
 - (c) Used any prescribed or non-prescribed marijuana products more than 6 times per week?
 - (d) Been advised by a health professional to discontinue your consumption of alcohol or drugs, or have you received advice or undergone treatment (including medication) for alcohol or drug abuse?
 - (e) Been accused or charged with an alcohol-related or a drug-related driving offence or refused a breathalyzer?
 - (f) Been incarcerated, convicted of a crime or violation of any law, or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered?

17. In the next twelve (12) months, do you expect or plan to travel outside North America, the Caribbean (excluding Haiti), or Western Europe for more than twelve (12) weeks?

18. In the next twelve (12) months, do you expect or plan to engage in any hazardous sports or activities, or aerial flights other than as a passenger, commercial pilot, or crew member of a commercial flight?

PARTICIPATING PRODUCTS

ParPlus

No medical exam required for life insurance coverage up to \$999,999 for ages 18 to 45*.

No medical exam required for life insurance coverage up to \$499,999 for ages 46 to 50*.

No medical exam required for life insurance coverage up to \$249,999 for ages 51 to 60*.

No medical exam required for life insurance coverage up to \$99,999 for ages 61 to 65*.

No medical exam required for life insurance coverage up to \$50,000 for ages 66 to 69*.

Full underwriting for ages 70 to 75.

*All answers to medical and lifestyle questions must be in the negative. In the case of a positive answer or MIB, Inc. report, some underwriting requirements may be required upon the underwriter's request after submission. Medical exams are required based on age and face amount that falls outside the above-mentioned ranges.

Able to submit application even if there is a "YES" answer.

Your one-stop participating life insurance for the whole family. Use multiple dividend options and life riders to create an all-in-one policy.

1. In the past five (5) years, have you applied for life insurance, critical illness insurance, disability insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)?
2. In the past ten (10) years, have you been tested for (other than routine tests showing negative results), received treatments for, or had any known indication of:
 - (a) Cancer or tumor?
 - (b) Convulsions, epilepsy, recurrent and severe headaches, paralysis, stroke, multiple sclerosis, Parkinson's disease, muscular dystrophy, Huntington's disease, Alzheimer's disease, dementia or any brain or neurological disorder, chronic fatigue, anxiety, depression, suicidal thoughts, attempted suicide, or other mental or nervous disorder?
 - (c) Heart murmur, high blood pressure, palpitations, chest pains, heart disease or any other disorder of the heart, blood vessels or blood, including abnormal cholesterol levels?
 - (d) Sleep apnea, respiratory or lung disorder, disorder of the stomach, liver, pancreas or intestines, including hepatitis B or C, or chronic diarrhea?
 - (e) Disorder of the kidneys, ureter, bladder (other than an uncomplicated urinary tract infection), breast, prostate, genital or reproductive organs, including any sexually transmitted infections?
 - (f) Disorder of the muscles, bones, back, neck, or joints, including fibromyalgia and arthritis, disorder of the eyes (other than corrective lenses), or disorder of the skin (other than acne or eczema)?
 - (g) Diabetes, disorder of the glands (other than controlled hypothyroidism) or lymph nodes, or other unexplained infections?
 - (h) AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex), AIDS virus antibody, or any other immunological disorder?
3. Are you aware of any signs or symptoms for which you have not yet consulted a physician and/or a specialist or received treatment, or for which you have consulted a physician and/or a specialist without having received a diagnosis?
4. In the past five (5) years, have you been convicted of impaired driving? If YES, complete and attach the Driving Record Questionnaire (4018).
5. In the past five (5) years, have you been convicted of a crime or violation of any law or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered? If YES, complete and attach the Criminal Activity Questionnaire (5337).

6. In the past five (5) years, have you used any drugs (including but not limited to marijuana, cocaine, LSD, amphetamines, hallucinogens, or unprescribed narcotics) or have you received advice or treatment for alcohol or drug abuse? If YES, complete and attach the appropriate questionnaire: Drug (3887), Alcohol (3876).
7. In the past five (5) years, have you been hospitalized, received treatments or been advised to receive treatment for any illness or disorder, other than discomfort, minor surgery or pregnancy?
8. In the past two (2) years, have you received more than three (3) tickets for moving violations? If YES, complete and attach the Driving Record Questionnaire (4018).
9. In the past two (2) years, have you engaged in any hazardous sports or activities or made aerial flights other than as a passenger or do you intend to engage in such sports, activities or flights? If YES, complete and attach the appropriate questionnaire: Scuba Diving (3908), Hazardous Sports and Activities (4885) or Aviation (3880).
10. Have you resided outside Canada in the past twelve (12) months or do you expect or plan to travel outside North America, the Caribbean, or Western Europe in the next twelve (12) months? If YES, specify the country, date, duration and, if applicable, purpose of travel or complete and attach the Foreign Travel and Residency Questionnaire (3893).
11. Do you have two (2) or more biological family members (father, mother, brother, sister), living or deceased, who were diagnosed before age 60 with the same condition among the following: diabetes, cancer, stroke, heart trouble, mental disorder that required hospitalization or who committed suicide?
12. Do you have a biological family member (father, mother, brother, sister), living or deceased, who was diagnosed before age 60 with any of the following conditions: Huntington's disease, polycystic kidney disease or any hereditary disease other than those listed in question 11?
13. Has your weight changed by more than 9.08 kg (20 lbs) in the past year? If YES, state your current height and weight, your weight a year ago, the loss or gain and the reason.
14. Does your weight exceed the weight corresponding to your height in the following table?
(different charts for adults and children)

Height		Weight		Height		Weight		Height		Weight	
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116
4' 11"	150	163	74	5' 7"	170	210	95	6' 3"	191	264	120
5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140

Additional question for face amount of \$250,000 or more for life insurance.

15. Do you have any life insurance in force exceeding twenty (20) times your annual salary?

Additional questions for face amount of \$500,000 or more for ages 18 to 45.

Additional questions for face amount of \$250,000 or more for ages 46 to 50.

16. Other than previously declared, have you ever been diagnosed with, received any treatment for, or had any known indication of:
- (a) Leukemia, cancer or tumor (other than basal cell carcinoma)?
 - (b) Angina, heart attack, heart disease including valvular (murmur), arrhythmia, or other heart disorder?
 - (c) Stroke, TIA (transient Ischemic Attack, ministroke)?
 - (d) Glomerulonephritis or connective tissue disease?
 - (e) HIV (human immunodeficiency virus) infection, AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex)?
17. Other than previously declared, in the past two (2) years, have you had any other disease, disorder, or abnormal test results that have not yet been disclosed?

ParPlus Junior

No medical exam* required for life insurance coverage up to \$999,999 for ages 0 to 17.

*In the case of a positive answer to a medical or lifestyle question, or a MIB, Inc. report, a medical exam or underwriting requirements may be requested at the discretion of the underwriter.

Able to submit application even if there is a "YES" answer.

Your one-stop participating life insurance for children aged 0 to 17 years.

1. In the past five (5) years, have you applied for life insurance, critical illness insurance, disability insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)?
2. In the past ten (10) years, have you been tested for (other than routine tests showing negative results), received treatments for, or had any known indication of:
 - (a) Cancer or tumor?
 - (b) Convulsions, epilepsy, recurrent and severe headaches, paralysis, stroke, multiple sclerosis, Parkinson's disease, muscular dystrophy, Huntington's disease, Alzheimer's disease, dementia or any brain or neurological disorder, chronic fatigue, anxiety, depression, suicidal thoughts, attempted suicide, or other mental or nervous disorder?
 - (c) Heart murmur, high blood pressure, palpitations, chest pains, heart disease or any other disorder of the heart, blood vessels or blood, including abnormal cholesterol levels?
 - (d) Sleep apnea, respiratory or lung disorder, disorder of the stomach, liver, pancreas or intestines, including hepatitis B or C, or chronic diarrhea?
 - (e) Disorder of the kidneys, ureter, bladder (other than an uncomplicated urinary tract infection), breast, prostate, genital or reproductive organs, including any sexually transmitted infections?
 - (f) Disorder of the muscles, bones, back, neck, or joints, including fibromyalgia and arthritis, disorder of the eyes (other than corrective lenses), or disorder of the skin (other than acne or eczema)?
 - (g) Diabetes, disorder of the glands (other than controlled hypothyroidism) or lymph nodes, or other unexplained infections?
 - (h) AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex), AIDS virus antibody, or any other immunological disorder?
3. Are you aware of any signs or symptoms for which you have not yet consulted a physician and/or a specialist or received treatment, or for which you have consulted a physician and/or a specialist without having received a diagnosis?
4. In the past five (5) years, have you been convicted of impaired driving? If YES, complete and attach the Driving Record Questionnaire (4018).
5. In the past five (5) years, have you been convicted of a crime or violation of any law or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered? If YES, complete and attach the Criminal Activity Questionnaire (5337).
6. In the past five (5) years, have you used any drugs (including but not limited to marijuana, cocaine, LSD, amphetamines, hallucinogens, or unprescribed narcotics) or have you received advice or treatment for alcohol or drug abuse? If YES, complete and attach the appropriate questionnaire: Drug (3887), Alcohol (3876).
7. In the past five (5) years, have you been hospitalized, received treatments or been advised to receive treatment for any illness or disorder, other than discomfort, minor surgery or pregnancy?
8. In the past two (2) years, have you received more than three (3) tickets for moving violations? If YES, complete and attach the Driving Record Questionnaire (4018).
9. In the past two (2) years, have you engaged in any hazardous sports or activities or made aerial flights other than as a passenger or do you intend to engage in such sports, activities or flights? If YES, complete and attach the appropriate questionnaire: Scuba Diving (3908), Hazardous Sports and Activities (4885) or Aviation (3880).

10. Have you resided outside Canada in the past twelve (12) months or do you expect or plan to travel outside North America, the Caribbean, or Western Europe in the next twelve (12) months? If YES, specify the country, date, duration and, if applicable, purpose of travel or complete and attach the Foreign Travel and Residency Questionnaire (3893).
11. Do you have two (2) or more biological family members (father, mother, brother, sister), living or deceased, who were diagnosed before age 60 with the same condition among the following: diabetes, cancer, stroke, heart trouble, mental disorder that required hospitalization or who committed suicide?
12. Do you have a biological family member (father, mother, brother, sister), living or deceased, who was diagnosed before age 60 with any of the following conditions: Huntington’s disease, polycystic kidney disease or any hereditary disease other than those listed in question 11?
13. Has your weight decreased by more than 10% in the past year? If YES, state your current height and weight, your weight a year ago, the loss and the reason.
14. Does your weight exceed the weight corresponding to your height in the following table?
(different charts for adults and children)

Age in months	Height				Weight			
	in		cm		lb		kg	
	Min	Max	Min	Max	Min	Max	Min	Max
15 days-1 mo	19	24	48	61	5	14	2	6
2	20	26	51	66	6	17	3	8
3	21	28	53	71	8	20	4	9
4	22	29	56	74	9	22	4	10
5	23	31	58	79	10	25	5	11
6 - 8	23	33	61	84	11	29	5	13
9 - 11	24	35	64	89	13	32	6	15
12 - 14	26	37	66	94	14	35	6	16
15 - 17	27	38	69	97	16	38	7	17
18 - 20	28	40	71	102	18	44	8	20
21 - 23	29	42	74	107	19	50	9	23

Current age 2 to 4 years of age					
Height		Weight			
Ft/in	cm	lb		kg	
		Min	Max	Min	Max
2' 6"	76	19	39	9	18
2' 7"	79	19	41	9	19
2' 8"	81	20	43	9	20
2' 9"	84	20	45	9	20
2' 10"	86	21	47	10	21
2' 11"	89	22	50	10	23
3' 0"	91	24	53	11	24
3' 1"	94	25	56	11	25
3' 2"	97	26	59	12	27
3' 3"	99	27	62	12	28
3' 4"	102	29	65	13	30
3' 5"	104	30	67	14	30
3' 6"	107	31	69	14	31
3' 7"	109	32	71	15	32

Current age 5 to 8 years of age					
Height		Weight			
Ft/in	cm	lb		kg	
		Min	Max	Min	Max
3' 2"	97	27	60	12	27
3' 3"	99	29	63	13	29
3' 4"	102	30	66	14	30
3' 5"	104	32	69	15	31
3' 6"	107	34	73	15	33
3' 7"	109	36	76	16	35
3' 8"	112	38	79	17	36
3' 9"	114	40	82	18	37
3' 10"	117	42	85	19	39
3' 11"	119	44	89	20	40
4' 0"	122	46	92	21	42
4' 1"	124	48	95	22	43
4' 2"	127	50	99	23	45
4' 3"	130	52	102	24	46
4' 4"	132	54	106	25	48
4' 5"	135	56	109	25	49
4' 6"	137	58	113	26	51
4' 7"	140	60	116	27	53
4' 8"	142	62	120	28	54

Current age 9 to 11 years of age					
Height		Weight			
Ft/in	cm	lb		kg	
		Min	Max	Min	Max
3' 8"	112	35	77	16	35
3' 9"	114	37	81	17	37
3' 10"	117	40	85	18	39
3' 11"	119	42	89	19	40
4' 0"	122	45	93	20	42
4' 1"	124	47	97	21	44
4' 2"	127	50	102	23	46
4' 3"	130	52	106	24	48
4' 4"	132	55	110	25	50
4' 5"	135	57	114	26	52
4' 6"	137	60	118	27	54
4' 7"	140	62	123	28	56
4' 8"	142	65	127	30	58
4' 9"	145	67	131	30	59
4' 10"	147	70	135	32	61
4' 11"	150	72	139	33	63
5' 0"	152	75	144	34	65
5' 1"	155	77	148	35	67
5' 2"	157	80	152	36	69
5' 3"	160	83	157	38	71

Current age 12 to 14 years of age					
Height		Weight			
Ft/in	cm	lb		kg	
		Min	Max	Min	Max
4' 4"	132	54	112	25	51
4' 5"	135	57	117	26	53
4' 6"	137	60	122	27	55
4' 7"	140	63	127	29	58
4' 8"	142	66	132	30	60
4' 9"	145	69	137	31	62
4' 10"	147	72	142	33	64
4' 11"	150	75	147	34	67
5' 0"	152	78	152	35	69
5' 1"	155	81	157	37	71
5' 2"	157	84	162	38	74
5' 3"	160	87	167	39	76
5' 4"	163	91	172	41	78
5' 5"	165	94	177	43	80
5' 6"	168	97	183	44	83
5' 7"	170	100	188	45	85
5' 8"	173	103	193	47	88
5' 9"	175	106	198	48	90
5' 10"	178	109	203	49	92
5' 11"	180	113	208	51	94
6' 0"	183	117	213	53	97
6' 1"	185	120	219	54	99

Current age – 15 years of age and older											
Height		Weight		Height		Weight		Height		Weight	
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116
4' 11"	150	163	74	5' 7"	170	210	95	6' 3"	191	264	120
5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140

15. In regards to the Proposed Insured, has a parent or brother or sister aged 17 years or less requested life insurance or is any of them insured for a lesser amount than the amount requested in this application? If YES, specify the family member, the amount of insurance in force or proposed amount, and the reason.

16. Does the Proposed Insured live with a person other than a biological or adoptive parent? If YES, specify.

Additional question for face amount of \$250,000 or more for life insurance

17. Do you have any life insurance in force for an amount exceeding \$100,000?

LIVING BENEFITS

CRITICAL PROTECTION

A critical illness product that offers the Best of Both Worlds:

- Accelerated issue if all answers are “NO”
- Able to submit application even if there is a “YES” answer.
- Same easy questions as FlexTerm & ParPlus.

1. In the past five (5) years, have you applied for life insurance, critical illness insurance, disability insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)?
2. In the past ten (10) years, have you been tested for (other than routine tests showing negative results), received treatments for, or had any known indication of:
 - (a) Cancer or tumor?
 - (b) Convulsions, epilepsy, recurrent and severe headaches, paralysis, stroke, multiple sclerosis, Parkinson’s disease, muscular dystrophy, Huntington’s disease, Alzheimer’s disease, dementia or any brain or neurological disorder, chronic fatigue, anxiety, depression, suicidal thoughts, attempted suicide, or other mental or nervous disorder?
 - (c) Heart murmur, high blood pressure, palpitations, chest pains, heart disease or any other disorder of the heart, blood vessels or blood, including abnormal cholesterol levels?
 - (d) Sleep apnea, respiratory or lung disorder, disorder of the stomach, liver, pancreas or intestines, including hepatitis B or C, or chronic diarrhea?
 - (e) Disorder of the kidneys, ureter, bladder (other than an uncomplicated urinary tract infection), breast, prostate, genital or reproductive organs, including any sexually transmitted infections?
 - (f) Disorder of the muscles, bones, back, neck, or joints, including fibromyalgia and arthritis, disorder of the eyes (other than corrective lenses), or disorder of the skin (other than acne or eczema)?
 - (g) Diabetes, disorder of the glands (other than controlled hypothyroidism) or lymph nodes, or other unexplained infections?
 - (h) AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex), AIDS virus antibody, or any other immunological disorder?
3. Are you aware of any signs or symptoms for which you have not yet consulted a physician and/or a specialist or received treatment, or for which you have consulted a physician and/or a specialist without having received a diagnosis?
4. In the past five (5) years, have you been convicted of impaired driving? If YES, complete and attach the Driving Record Questionnaire (4018).
5. In the past five (5) years, have you been convicted of a crime or violation of any law or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered? If YES, complete and attach the Criminal Activity Questionnaire (5337).
6. In the past five (5) years, have you used any drugs (including but not limited to marijuana, cocaine, LSD, amphetamines, hallucinogens, or unprescribed narcotics) or have you received advice or treatment for alcohol or drug abuse? If YES, complete and attach the appropriate questionnaire: Drug (3887), Alcohol (3876).
7. In the past five (5) years, have you been hospitalized, received treatments or been advised to receive treatment for any illness or disorder, other than discomfort, minor surgery or pregnancy?
8. In the past two (2) years, have you received more than three (3) tickets for moving violations? If YES, complete and attach the Driving Record Questionnaire (4018).
9. In the past two (2) years, have you engaged in any hazardous sports or activities or made aerial flights other than as a passenger or do you intend to engage in such sports, activities or flights? If YES, complete and attach the appropriate questionnaire: Scuba Diving (3908), Hazardous Sports and Activities (4885) or Aviation (3880).

10. Have you resided outside Canada in the past twelve (12) months or do you expect or plan to travel outside North America, the Caribbean, or Western Europe in the next twelve (12) months? If YES, specify the country, date, duration and, if applicable, purpose of travel or complete and attach the Foreign Travel and Residency Questionnaire (3893).
11. Do you have two (2) or more biological family members (father, mother, brother, sister), living or deceased, who were diagnosed before age 60 with the same condition among the following: diabetes, cancer, stroke, heart trouble, mental disorder that required hospitalization or who committed suicide?
12. Do you have a biological family member (father, mother, brother, sister), living or deceased, who was diagnosed before age 60 with any of the following conditions: Huntington’s disease, polycystic kidney disease or any hereditary disease other than those listed in question 11?
13. Has your weight changed by more than 9.08 kg (20 lbs) in the past year? If YES, state your current height and weight, your weight a year ago, the loss or gain and the reason.
14. Does your weight exceed the weight corresponding to your height in the following table?
(different charts for adults and children)

Height		Weight		Height		Weight		Height		Weight	
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116
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5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140

15. Have you ever been tested for, received treatments for, or had any known indication of:
 - (a) Cancer, leukemia, lymphoma, tumour, cyst, nodule, or any abnormal growth?
 - (b) Hepatitis B or C, or colon polyps?
 - (c) Any breast disorder or abnormal breast discharge or change in appearance (other than surgery for cosmetic reasons)?
 - (d) Transient ischemic attack (TIA)?
16. Other than previously declared, in the past two (2) years, have you had any other disease, disorder, or abnormal test results that have not yet been disclosed?

DISABILITY INCOME BASED ON LOAN AND ON EMPLOYMENT INCOME

1. Are you currently working?
 - 1.1. If 'No' to previous question: Are you currently on a parental leave?
2. Are you working (or worked prior your parental leave, if applicable) at least twenty (20) hours per week?
3. Are you working (or worked prior your parental leave, if applicable) at least eight (8) months per year?
4. In the past three (3) years, have you:
 - (a) Been absent from work due to injury or illness for more than thirty (30) consecutive days?
 - (b) Applied for or received a disability benefit or compensation due to injury, illness or disability?
 - (c) Consulted or received any treatment from a physiotherapist, massage therapist, chiropractor or acupuncturist?

WAIVER OF PREMIUM UPON DEATH AND UPON DISABILITY

On a FLEXTERM, PARPLUS or ESSENTIAL WHOLE LIFE

- If the owner or payer, other than a proposed insured, requests a waiver of premium, he must answer the product declaration of insurability as well as the additional waiver of premium questions below.
- If one of the proposed insured requests a waiver of premium, he must answer the additional waiver of premium question below.

On a YOUTH PLUS or PARPLUS JUNIOR, if the owner or payer requests a waiver of premium, he must answer all questions for the current FLEXTERM, PARPLUS or ESSENTIAL WHOLE LIFE products as well as the additional waiver of premium questions below.

Waiver of Premium questions:

In the past three (3) years, have you:

- (a) Been absent from work due to injury or illness for more than thirty (30) consecutive days?
- (b) Applied for or received a disability benefit or compensation due to injury, illness or disability?
- (c) Consulted or received any treatment from a physiotherapist, massage therapist, chiropractor or acupuncturist?