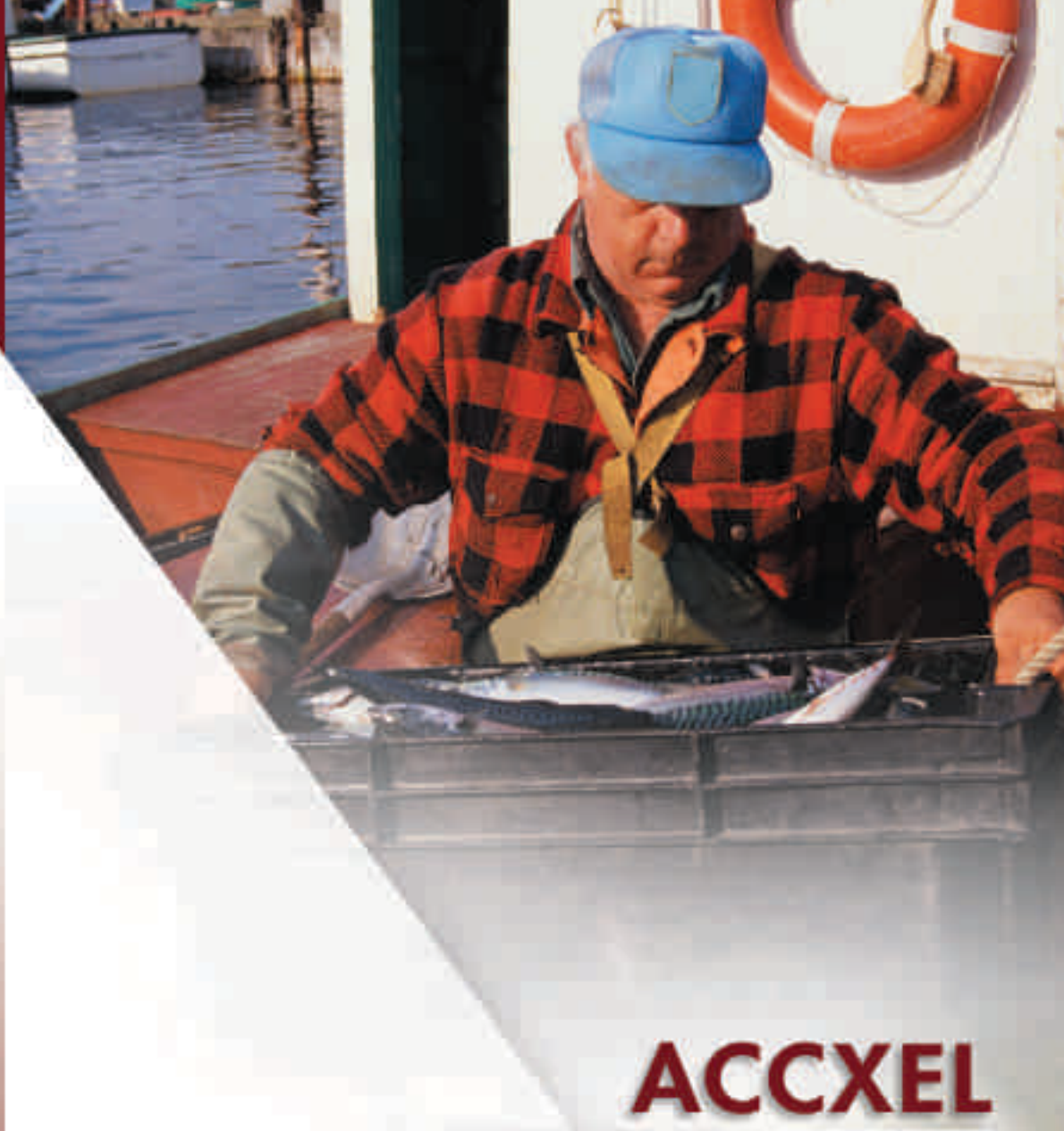




- ▶ Disability Insurance in the Event of Accident or Illness
- ▶ Return of Disability Insurance Premiums
- ▶ Overhead Expense Insurance
- ▶ Accidental Death, Dismemberment or Loss of Use
- ▶ Accidental Fracture and Extended Medical Care Further to an Accident
- ▶ Hospital Benefit
- ▶ Refitting Further to an Accident



ACCXEL

- ▶ With or without remunerative work
- ▶ Level premiums based on age at the time of purchase
- ▶ Type of occupation not grounds for refusal



EXCELLENCE

To Suit Your Needs

Accxel is an insurance product intended for individuals without remunerative work as well as for individuals with full-time, seasonal or part-time work, whatever their occupation.

Eligibility

The table below describes the eligibility criteria based on the maximum age at time of purchase.

Maximum age at purchase	Coverage
Up to age 79	<ul style="list-style-type: none"> Disability Insurance in the Event of Accident Accidental Death, Dismemberment or Loss of Use, for Primary Insured and Spouse Hospital Benefit
Up to age 69	<ul style="list-style-type: none"> Accidental Fracture and Extended Medical Care Further to an Accident Refitting Further to an Accident
Up to age 64	<ul style="list-style-type: none"> Disability Insurance in the Event of Illness
Up to age 59	<ul style="list-style-type: none"> Overhead Expense Insurance
Up to age 54	<ul style="list-style-type: none"> Return of Disability Insurance Premiums
Up to age 20	<ul style="list-style-type: none"> Accidental Death, Dismemberment or Loss of Use, for dependent child

Moreover, you need to be a Canadian citizen, or reside in Canada and meet certain condition.

A minimum monthly premium of \$10 applies to each contract.

The spouse and dependent children may be insured under every coverage, except Disability Insurance and Overhead Expense Insurance, with an amount of coverage less than or equal to that selected by the Primary Insured.

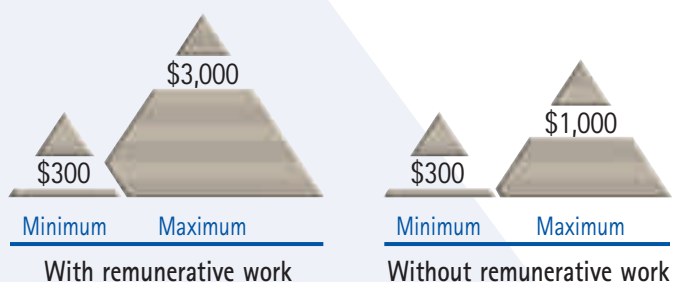


Disability Insurance in the Event of Accident or Illness

(Optional coverage)

This coverage provides for payment of a monthly benefit when the Primary Insured becomes totally disabled as the result of accident or illness. To be eligible for Disability Insurance in the Event of Illness, the Primary Insured must be covered by Disability Insurance in the Event of Accident.

Monthly Benefit by \$100 Increment



Benefit Period

Accident	Illness
<ul style="list-style-type: none"> 1 year 2 years 5 years Up to age 65 	<ul style="list-style-type: none"> 1 year 2 years 5 years

Waiting Period

Accident	Illness
<ul style="list-style-type: none"> 1 day 14 days 30 days 60 days 	<ul style="list-style-type: none"> 14 days 30 days 60 days

For day surgery with a short stay or for a hospitalization of over 18 hours, benefits are payable as of the first day of hospitalization.

▲ Integration of Benefits

In no case shall the first \$1,000 of benefits be integrated in the first 24 months of disability. Only benefits in excess of \$1,000 will be integrated with the benefits payable by any other company, insurer or private, para-governmental or government body such that all benefits payable do not exceed the amount of the available benefit. All disability benefits will be integrated after 24 months.

▲ Definition of Total Disability

"Total disability" means the state of incapacity resulting, directly and independently of any other cause, from an illness that began or an accident that occurred while the Primary Insured was covered under this coverage and under the regular care of a physician according to the frequency required for that disability and which:

Prevents a Primary Insured with remunerative work:

- ▶ during the first 24 months, from performing the duties of his or her regular occupation;
- ▶ after that period, from performing any remunerative work for which he or she would be qualified by virtue of his or her education or experience, regardless of whether such work is available or not.

Prevents a Primary Insured without remunerative work from attending to most of his or her normal daily activities.

▲ Partial Disability

Where a disability for which benefits were payable for a period equal to the waiting period results in a partial disability and prevents the Primary Insured from performing several duties of his or her regular occupation or several normal daily activities, the Insurer shall pay 50% of the benefit provided for in the contract, to a maximum of 60 days.

▲ Death Benefit

If a Primary Insured who has been in a state of total disability for over 12 consecutive months dies as the result of that disability, an additional amount equal to 3 months of benefits shall be paid to his or her estate.

▲ Organ Donation

If the Primary Insured becomes totally disabled due to transplantation of one of his or her body parts to another person, he or she is eligible for disability insurance benefits for a maximum period of 12 months, provided his or her Disability Insurance in the Event of Illness has been in force for at least 12 months at the date when the disability resulting from the transplant occurs.

▲ Waiver of Premiums

If a Primary Insured who holds Disability Insurance meets the definition of total disability applicable to his or her status, payment of his or her premiums is waived for all coverages provided those coverages were in force before the total disability began. The waiver of premiums begins as soon as the selected waiting period expires, subject to a minimum of 30 days, and terminates when the Primary Insured is no longer eligible for Disability Insurance benefits.

Optional Coverage

▲ Return of Premiums

Under this coverage, available to Primary Insureds under age 55, the Primary Insured is refunded 50% of all premiums paid for the Disability Insurance coverage, including the portion applicable to the Return of Premiums, less any claims paid under the Disability Insurance coverage of the contract. Note that claims under the other contract coverages do not affect the return of premiums payment.

Returns are made only at age 55, 60 or 65, as the Primary Insured chooses. However, no return shall be made for contracts that have been in force for less than 120 months.

Payment of a return of premiums terminates the Disability Insurance coverage. Payment is automatic at age 65.



▲ Limitations, Specific Exclusions and Termination of Coverage

The benefit period for a hernia, whether as a cause or an effect, is limited to 6 months per event.

The benefit period for a disability resulting from a condition of the muscle system, the skeletal structure of the spine or the joints is limited to 6 months per event unless the disability is diagnosed and certified by a specialist physician.

For Disability Insurance in the Event of Accident, as of age 70, the monthly benefit is reduced by 50% and is payable for a maximum period of one year.

For Disability Insurance in the Event of Illness, as of age 65, the monthly benefit is reduced by 50%, is payable for a maximum period of 2 years and terminates, in all cases, at the Primary Insured's 70th birthday.

Any reduction in the amount of insurance coverage due to age applies only at the date of renewal following the birthday of the Primary Insured.

No indemnity or benefit under this coverage shall be payable for a loss resulting directly or indirectly from any of the following:

- ▶ pregnancy, natural childbirth, childbirth by Cesarian section or miscarriage;
- ▶ participation in a combat sport, acrobatic sport or sport for compensation, a race of any kind, hang gliding, mountaineering, skydiving or any dangerous activity.

For disability insurance in the event of accident no indemnity or benefit shall be payable for:

- ▶ any loss arising from illness, even if the illness was contracted accidentally.



Overhead Expense Insurance

(Optional coverage)

This coverage provides for payment of a monthly benefit intended to cover regular office expenses incurred when a Primary Insured who works full-time becomes totally disabled as the result of accident or illness.

The premiums for this coverage are deductible as business expenses for income tax purposes.

The Insurer undertakes to pay the Primary Insured the actual overhead expenses incurred for the office or the company, to a maximum of the selected monthly benefit for which premiums have been paid, for as long as the disability lasts, not to exceed the maximum period of 24 months or the 65th birthday of the Primary Insured.

The waiting period is 30 days or 30 days +. In the case of the 30 days + option, benefits are payable as of the first day in the event of an accident, day surgery or a hospitalization of over 18 hours.

Monthly Benefit by \$100 Increment



▲ Definition of Overhead Expenses

"Overhead expenses" means expenses incurred for heating, telephone, electricity, rent, cleaning, depreciation of equipment, employee salaries for businesses with 3 or fewer employees, business income tax, accounting services and other customary fixed costs related to the necessities of the office, as well as car expenses when essential to performance of the work.

However, overhead expenses do not include the salary of the Primary Insured, of any other member of his or her profession or of any person hired to replace him or her during the disability. The cost of supplies, accessories or goods of any kind whatsoever or the cost of devices and instructions required by the Primary Insured to exercise his or her profession are also excluded from the refundable overhead expenses.

▲ Definition of Total Disability

"Total disability" means the state of incapacity resulting, directly and independently of any other cause, from an illness that began or an accident that occurred while the Primary Insured was covered under this coverage and under the regular care of a physician according to the frequency required for that disability and which prevents the Primary Insured from performing the duties of his or her regular occupation.

▲ Waiver of Premiums

If a Primary Insured who holds Overhead Expense Insurance meets the definition of total disability applicable to his or her status, payment of his or her premiums is waived for all coverages provided those coverages were in force before the total disability began. The waiver of premiums begins as soon as the selected waiting period expires, subject to a minimum of 30 days, and terminates when the Primary Insured is no longer eligible for benefits under Overhead Expense Insurance.

▲ Specific Exclusion

No indemnity or benefit under this coverage shall be payable for a loss resulting directly or indirectly from pregnancy, natural childbirth, childbirth by Caesarian section or miscarriage.



Accidental Death, Dismemberment or Loss of Use



(Optional coverage)

In the event of accidental death, dismemberment or loss of use, the following sums insured are offered for the Primary Insured and/or his or her spouse.

Accidental death ◀ \$25,000
 \$50,000
 \$100,000

Accidental dismemberment or loss of use ◀ \$25,000
 \$50,000
 \$100,000
 \$200,000

Optional for Dependent Children



Accidental death, dismemberment or loss of use ◀ \$5,000

In the event of accidental dismemberment or loss of use, the benefits payable are as follows, based on the selected sum insured:

Loss of	Percentage
Sight in both eyes	▶ 100%
Both hands or both feet	
One hand and one foot	
One hand and sight in one eye	
One foot and sight in one eye	
Hearing and speech	▶ 75%
One arm or one leg	
One hand or one foot	▶ 50%
Sight in one eye or hearing or speech	
One toe or one finger	▶ 10%

▲ Limitations, Specific Exclusions and Termination of Coverage

Any loss prior to the effective date of the contract or sustained in a previous accident shall not be considered in the payment of this benefit.

The maximum amount payable for all losses within 365 days of the accident shall not exceed the maximum sum insured. If, as the result of a single accident, the insured person sustains several losses, benefits shall be payable for only one such loss, that is, the loss which represents the highest benefit amount under this coverage.

The maximum benefit payable for accidental death is limited to \$25,000 as of age 70. Any reduction in the amount of insurance coverage due to age applies only at the date of renewal that follows the birthday of the insured person.

No indemnity or benefit under this coverage shall be payable for loss resulting directly or indirectly from any of the following :

- ▶ a medical error that occurs during treatment of the insured person or during a medical procedure;
- ▶ any medical treatment or surgery;
- ▶ any loss arising from illness, even if the illness was contracted accidentally.

The Accidental Death, Dismemberment or Loss of Use coverage terminates:

- ▶ for the Primary Insured or his or her spouse: at the 70th birthday of the insured person;
- ▶ for a dependent child: at his or her 21st birthday or at his or her 26th birthday if he or she attends college or university on a full-time basis as a duly registered student.



Accidental Fracture and Extended Medical Care Further to an Accident



(Optional coverage)

▲ Accidental Fracture

This coverage provides for payment of a lump sum if an insured person sustains an accidental fracture. The fracture must be diagnosed within 30 days of the accident.

For an insured dependent child and for insured persons age 70 and over, the available lump sum is equal to 50% of the Primary Insured's coverage.

Available Lump Sums		
Fracture	1 unit	2 units
Skull, spine, pelvis, femur, hip	▶ \$5,000	\$10,000
Sternum, larynx, trachea, scapula, radius, humerus, ulna, patella, tibia, fibula, coccyx	▶ \$1,250	\$2,500
All other bones	▶ \$500	\$1,000

▲ Extended Medical Care Further to an Accident

This coverage provides for the reimbursement of 100% of eligible expenses, without deductible, for the following medical care when provided in Canada:

- ▶ Hospitalization in a semi-private room;
- ▶ Expenses for transportation by ambulance (air, rail or ground).

▲ Upon Medical Recommendation

- ▶ Private home nursing: up to \$200 per day, to a maximum of \$4,000;
- ▶ Laboratory services for diagnostic purposes during treatment;
- ▶ Artificial eyes and limbs (initial cost only);
- ▶ Casts, slings, trusses, crutches, walkers and canes;
- ▶ Rental of the following: orthopedic devices; a manual and conventional wheelchair; a manual and conventional hospital bed; equipment to administer oxygen;
- ▶ Any initial prosthesis (excluding eyeglasses, contact lenses, mammary or capillary prostheses).

▲ Without Medical Recommendation

- ▶ The fees of a chiropractor, physiotherapist, osteopath, podiatrist, psychologist, speech-language pathologist, audiologist or occupational therapist, to a maximum of \$25 per treatment and an overall maximum of \$350 for all professionals;
- ▶ X-rays for chiropractic purposes: maximum \$25;
- ▶ Dental accident (natural and healthy teeth): maximum \$1,000.

The above maximum benefits apply per accident, per insured person.

For the purpose of determining benefits, an insured person is deemed to be covered under a government or para-governmental plan that offers taxpayers health care services such as hospitalization, medical care and other eligible services in the insured person's province of residence. Sums paid by the Insurer shall in no case exceed those that would have been payable had the insured person been covered under such a plan. Moreover, this coverage reimburses medically necessary expenses incurred within 12 months following the date of the accident.

▲ Limitations, Specific Exclusions and Termination of Coverage

The maximum amount payable for multiple fractures shall be the highest amount payable for any one of the sustained fractures.

An insured person cannot receive benefits for the same injury under this coverage and under a coverage for Accidental Dismemberment or Loss of Use.

For insured persons age 70 and over, a maximum of \$500 per accident will be reimbursed for covered eligible expenses incurred for Extended Medical Care Further to an Accident.

Extended Medical Care Further to an Accident is subject to the Coordination of Benefits clause stipulated in the policy.

No indemnity or benefit under this coverage shall be payable for a loss resulting directly or indirectly from any of the following:

- ▶ medical care or services which the insured person is entitled to receive without charge under federal or provincial legislation or which are covered under such legislation; or
- ▶ experimental care or treatment or new procedures and treatments that are not yet common practice according to the government health insurance plan in the insured person's province of residence.

The Accidental Fracture and Extended Medical Care Further to an Accident coverage terminates at the 80th birthday of the insured person.

Hospital Benefit



(Optional coverage)

This coverage provides for payment of a daily benefit in the event of hospitalization for at least 18 hours resulting from an accident or illness. No waiting period applies and the daily benefit ranges, according to your selection, between \$20 and \$140, by \$20 increments.

For the purposes of this contract, where an insured person undergoes day surgery, the hospitalization period corresponds to a period of 18 hours of hospitalization.

Furthermore, double the daily benefit will be payable for hospitalization outside the province of residence provided the hospital in question is over 50 km from the primary residence of the insured person, for a maximum period of 30 days.

For family coverage, when the spouse or a dependent child of the Primary Insured is hospitalized for at least 18 hours, the Insurer undertakes to pay 50% of the Primary Insured's daily benefit.

▲ Limitations and Termination of Coverage

No benefit shall be payable further to hospitalization for pregnancy, childbirth or miscarriage in the 9 months immediately following the effective date or the reinstatement of the coverage.

After age 70, the daily benefit is reduced by 10% per year to a minimum of 50%. Any reduction in the amount of insurance coverage due to age applies only at the date of renewal that follows the birthday of the Primary Insured.

The Hospital Benefit is subject to a maximum lifetime period of 3 years.



Refitting Further to an Accident

(Optional coverage)

This coverage reimburses expenses for refitting of an automobile or the primary residence, where made necessary by an accident for an insured person who presents a permanent motor impairment. The lifetime maximum for this coverage is \$25,000.

▲ Termination of Coverage

The Refitting Further to an Accident coverage terminates at the 80th birthday of the insured person.



General Exclusions Applicable to all Coverages

No indemnity or benefit shall be payable under any coverage for a loss resulting directly or indirectly from any of the following:

- ▶ suicide, attempted suicide, intentionally self-inflicted injury or dismemberment, whether the insured person is sane or insane; or
- ▶ injury sustained while the insured person is actively participating in a riot, an insurrection or hostilities or injury sustained during a war, whether declared or not; or
- ▶ commission or attempted commission of a criminal act by the insured person; or
- ▶ participation by the insured person in any type of flight or attempted flight while he or she is travelling aboard the craft other than as a passenger; or
- ▶ injury sustained while the insured person is an active member of the armed forces of any country; or
- ▶ the piloting of a motor vehicle by the insured person while under the influence of narcotics or while his or her blood alcohol concentration exceeds the limit prescribed by law; or
- ▶ participation in a race, trial or speed contest for automobiles, motorcycles or any other motor vehicle; or
- ▶ intentional inhalation of gas, asphyxia or poisoning; or
- ▶ treatment undergone for cosmetic purposes.

Renewal

The Insurer undertakes to renew this insurance from year to year until the 70th birthday of the Primary Insured, provided the renewal premium is paid within the prescribed timeframe. Upon each renewal, the Insurer may modify the premium, based on age at the time of purchase, for all contracts issued, and the premium will then be equal to the premium payable for a similar contract issued by the Insurer and offering the same benefits. At the date of renewal or at his or her election, the Policyholder may add or change the coverages that are part of the insurance.

Note

This documentation is a short summary of the coverages and conditions in your contract and is therefore incomplete. Please refer to your personal policy. It is important for you to read and understand your policy.



THE EXCELLENCE LIFE INSURANCE COMPANY
5055 Metropolitan Blvd. East, Suite 202
Montreal, Quebec H1R 1Z7

Telephone: (514) 327-0020 / Toll-free: 1 800 465-5818
Fax: (514) 327-6242

excellence.qc.ca

Customer service:
intouch@iaexcellence.com



Subject to the conditions stipulated below, The Excellence Life Insurance Company guarantees payment of the following benefits. It is understood that the insured persons are covered by this Interim Insurance Agreement only if they selected those coverages in the contract applied for, to a maximum of the sums indicated below.

- | | | |
|---|---|---|
| ◀ | Disability Insurance in the Event of Accident | A maximum monthly benefit of \$500, payable up to 90 days, including the applicable waiting period. |
| ◀ | Accidental Death, Dismemberment or Loss of Use | A maximum of \$25,000 per insured person. |
| ◀ | Accidental Fracture and Extended Medical Care Further to an Accident | A maximum of one unit of \$5,000 per insured person for Accidental Fracture.
A maximum of \$1,000 per insured person for Extended Medical Care Further to an Accident. |
| ◀ | Refitting Further to an Accident | Maximum of \$25,000 per insured person. |

This Interim Insurance Agreement includes only the coverages listed above and does not apply to the following coverages: Disability Insurance in the Event of Illness, Overhead Expense Insurance and Hospital Benefit. The coverages are subject to the conditions, exclusions and limitations of the contract applied for.

This Interim Insurance Agreement takes effect at the latest of the following dates:

- the date indicated on the insurance application signed by the Primary Insured;
- the date indicated on the first cheque or money order (provided the cheque or money order is honoured upon presentation);
- where no cheque or money order is attached to the application, the date the Insurer receives the cheque or money order.

The following conditions must be met in order to establish entitlement to benefits under this Interim Insurance Agreement:

- 1) The Insurer must approve the application as presented, without an exclusion or extra premium, based on the Insurer's underwriting standards on the date at which the insurance application is signed; and
- 2) The declarations of any insured person on the insurance application must not involve any misrepresentation, omission or concealment.

This Interim Insurance Agreement expires at the earliest of the following dates:

- a) the effective date of the contract applied for;
- b) the date the Primary Insured requests that the insurance application be cancelled;
- c) the date the Insurer mails the Primary Insured a notice of termination for the Interim Insurance Agreement;
- d) the date the application is refused or is not accepted as presented, with neither exclusion nor extra premium, whether or not the Primary Insured has been notified;
- e) the date the 60-day period following signature of this application expires. Review of the application may continue, but the Interim Insurance Agreement is no longer in force.

No representative of the Insurer has the authority to amend this Interim Insurance Agreement or to waive any of its conditions.

Representative's signature: _____ Date : _____

ACCXEL *Declaration of Health*

1. IDENTIFICATION

Primary Insured

First Name	Last name	Date of birth			Height	Weight
		D	M	Y		
Has your weight changed in the past twelve (12) months? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, by how much? + _____ - _____		Reason for change: _____		
Place of birth (Country or Province)		Legal status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident Other, specify: _____				
In Canada <input type="checkbox"/> Always or since		D	M	Y		

Spouse

First Name	Last name	Date of birth			Height	Weight
		D	M	Y		
Place of birth (Country or Province)		Legal status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident Other, specify: _____				
In Canada <input type="checkbox"/> Always or since		D	M	Y		

Child(ren)

First Name	Last name	Sex	Date of birth			Height	Weight
		<input type="checkbox"/> M <input type="checkbox"/> F	D	M	Y		
		<input type="checkbox"/> M <input type="checkbox"/> F	D	M	Y		
		<input type="checkbox"/> M <input type="checkbox"/> F	D	M	Y		

A Must be completed for all persons to be insured and only for the following coverages:
Disability Insurance, Overhead Expense Insurance and Hospital Benefit.

2. In the past five (5) years, have you:

	Primary Insured		Spouse		Child(ren)	
a) tested positive for hepatitis B, AIDS or an AIDS-related complex (ARC)?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
b) consulted or been treated by a health professional for, or suffered from, a musculo-skeletal disorder: rheumatism, arthritis, gout, fibromyalgia or a condition involving muscles or bones, including the spine, back and joints?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
c) consulted or been treated by a health professional for, or suffered from, an emotional or psychiatric disorder: depression, burnout, anxiety, chronic fatigue or any other mental or nervous disorder?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
d) been admitted to hospital after an accident?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
e) ever had an insurance application rejected, deferred, withdrawn or accepted subject to special conditions?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
f) been charged with an offence or crime?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
g) had your driver's licence suspended for impaired driving?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
h) ever used or do you use narcotics, marijuana, cocaine or other drugs?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
i) ever joined a support group for problems with alcohol and/or drugs?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no

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

	Primary Insured		Spouse		Child(ren)	
a) practiced a dangerous sport (mountaineering, underwater diving, skydiving, car racing, etc.)?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no

4. At this time, do/are the persons to be insured:

	Primary Insured		Spouse		Child(ren)	
a) under the care of a physician or of any other health professional or are they taking medication?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
b) plan to consult a physician or any other health professional or undergo an operation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
c) present any physical defects or suffer from any after-effects arising from an accident?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
d) pregnant? (If so, indicate expected date of childbirth)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
e) drink alcoholic beverages?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no

If so, Primary Insured: kind _____ quantity per week _____

Spouse: kind _____ quantity per week _____

Name and address of the physician who has your full medical records:

Date, reason and result of your last consultation:

