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| **Critical Illness Application** |
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| **NOTES:** | **Coverage is applicable to Board Members only** |
|  | **This application must be completed for each individual applying for Critical Illness Coverage**  |
|  | **If the Applicant answers "Yes" to having any of the conditions or procedures below, they are not eligible for coverage** |
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| Named Insured |       | Policy Number |       |
| Name of Individual Applicant |       |
| Mailing Address of Individual Applicant |       |
| Occupation and Title of Individual Applicant |       |
| Date of Birth (dd/mm/yy) of Individual Applicant |       |

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| During the past two (2) years has the Individual Applicant received medical or surgical attention due |  |  |  |  |
| to illness or injury? | YES |       | NO |       |
| If "YES", provide details |
|       |
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| **Declaration – Read carefully prior to signing** |
| I declare that I am a Canadian resident between the ages of 18 and 75. I declare that I have not, at any time during my life been  |
| diagnosed with, had any signs and/or symptoms of, or had any medical consultations and/or abnormal tests concerning any of the |
| following: |
|  | **Heart Disease** | **Coronary Artery Bypass Surgery** | **Heart Valve Replacement**  | **Multiple Sclerosis** |
|  | **Stroke** | **Paralysis** | **Brain Tumor** | **Organ Transplant** |
|  | **Cancer** | **Aorta Graft Surgery** | **Alzheimer's Disease** |  |
|  | **Kidney Disease**  | **Parkinson's Disease** | **Motor Neuron Disease**  |  |
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| I also understand that coverage is not effective unless the Applicant's Name is specifically shown as an Insured Person with respect to |
| this specific coverage. |
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| A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, |
| conditions, limitations, and exclusions of the policy wordings. |
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| **Applicant Acknowledgement**  |
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| The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein |
| are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this |
| form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy. |
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| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this |
| application (including but not limited to the information contained in this form) has been collected in accordance with applicable |
| privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance |
| products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent |
| fraud, analyze and audit business results and/or comply with regulatory or legal requirements. |
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| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** |       |  |  |
| **Broker Signature** |       |  |  |