

SimpleProtect – Health and lifestyle questions for term/critical illness insurance combo application

This resource can be used prior to meeting with your client to review the Health and Lifestyle questions that are asked in a SimpleProtect™ combo term life insurance and critical illness insurance application.

Your client doesn't have to tell us about any genetic test (that is, any analysis of DNA or RNA chromosomes) which they may have had. However, they must tell us if they're having treatment for or experiencing symptoms of a genetic condition. They will also be asked to give us full information about their family history, including all genetic conditions.

Note: Additional questions may be asked based on how a question is answered. At most, there will be two additional question levels that will ask for additional information about the initial question being asked (e.g. family history) and/or contact information for a family doctor.

Health

1. What is your height and weight?

Please round to the nearest pound or kilogram.

Height: _____ Weight: _____

2. Within the past 12 months, have you had a weight loss of more than 10 lbs (4.5 kg)?

Yes/No

3. Have you ever been treated for or had any known indication of:

- Conditions affecting your **heart or blood vessels** (excluding high blood pressure), such as heart disease, heart attack, chest pain, transient ischemic attack (TIA), stroke, aneurysm, heart murmur, abnormal ECG or abnormal cardiac tests, irregular heartbeat, peripheral vascular disease (narrowed or blocked blood vessels of the heart or limbs), or blood clots
- Conditions affecting your **brain or nervous system**, such as epilepsy, seizures, multiple sclerosis, ALS, Alzheimer's optic neuritis, muscular dystrophy, motor neuron disease, memory loss, dementia, tremor, Parkinson's, paralysis, numbness, loss of sensation, dizziness, fainting, concussion or head injuries
- Conditions affecting your **immune system** such as HIV or AIDS
- Conditions affecting your **kidneys** such as kidney cysts, or blood or protein in the urine, **bladder** (excluding resolved bladder infections), **pancreas, esophagus, intestines or colon** such as colon polyps, rectal bleeding, Crohn's disease, ulcerative colitis or gallbladder polyps
- Conditions affecting you **liver** such as cirrhosis or testing positive for hepatitis B or C
- Conditions affecting your **lungs** such as TB, emphysema, COPD, sleep apnea, shortness of breath, or asthma (excluding childhood asthma or non-smokers with mild/seasonal asthma)
- Conditions affecting your **reproductive organs** such as elevated PSA (prostate specific antigen), an abnormal pap, abnormal mammogram, breast lumps/cysts or ovarian cysts
- Conditions affecting your **lymph, adrenal, pituitary or thyroid glands** such as thyroid nodules, goitre or thyroiditis (you do not need to tell us about low thyroid levels or hypothyroidism)
- Conditions affecting your **blood** such as anemia or hemophilia
- Lupus, rheumatoid or psoriatic arthritis, ankylosing spondylitis, or any **bone, muscle or joint condition** which requires daily, weekly or occasional prescription medication or treatment with injections
- **Diabetes**, gestational diabetes, abnormal blood sugar or sugar in the urine

- Any form of **cancer** (excluding a single occurrence of basal cell carcinoma), **leukemia**, **lymphoma**, **tumour** (benign or malignant), **dysplastic nevi** or any **moles for which monitoring has been suggested**
- Loss of speech, loss of hearing, loss of sight or any condition affecting your **ears or eyes** (you do not need to tell us about ear tubes, vision corrected with eye glasses/contact lenses or minor infections which have completely resolved)

Yes/No

4. Have you ever been treated for or had any known indication of:

- Major depression, bipolar disorder, self-harm or schizophrenia
- Any mental health condition, including stress or anxiety, which have required hospitalization or time off work/school anytime in the past
- Any treatment with medication in the past 2 years for anxiety/depression/stress

Yes/No

5. Are you waiting for the results of any tests or investigations, or do you have any recommended, scheduled or pending tests, investigations, surgeries or consultations with a specialist or other healthcare provider?

Yes/No

6. Have you

- In the past 5 years had any biopsies, CT scans, MRIs, ultrasounds (excluding pregnancies), endoscopies or other non-routine tests?
- Had any tests done (routine or non-routine) where you were told the results were abnormal or further follow-up or investigation was suggested?

Yes/No

7. Have you ever been advised that you should be treated for, or that you had any of the following:

- ☐ High blood pressure
- ☐ Elevated cholesterol
- ☐ None of these apply

8. Have you experienced any health problems or health issues you have not yet consulted a healthcare provider for?

Yes/No

9. Have you had **more than two weeks** off work or school in the past 24 months for health reasons?

You do not need to tell us about time off work for pregnancy or for a muscle or bone injury which you have fully recovered from.

Yes/No

10. In the **past 24 months**, have you been admitted to a hospital for more than 24 hours, had surgery or been referred to (or seen) a Specialist for any reason other than an uncomplicated pregnancy, vasectomy, dental surgery, laser eye surgery, cosmetic surgery or muscle or joint injury which you have completely recovered from?

Yes/No

11. Have any of your immediate biological family members (mother, father, brothers and sisters):

- Been diagnosed with heart disease, cancer or stroke before age 65?
- Been diagnosed with Alzheimer's disease or other dementia, multiple sclerosis, Parkinson's disease, ALS or other motor neuron disease, diabetes, polycystic kidney disease, Huntington's chorea, cardiomyopathy (abnormally enlarged heart or weakened heart muscle) or any other hereditary disorder before age 70?

Yes/No

12. Which of the following describes your use of any tobacco, nicotine or cannabis products in the **past 5 years**?

- ☐ I am not currently using any of these products, but have used them within the past 5 years
- ☐ I occasionally use these products (monthly or less)
- ☐ I use these products daily or weekly
- ☐ I have not used any tobacco, nicotine, or cannabis products

Drug & alcohol

13. On average, how many alcoholic drinks do you consume **weekly**?

Number: _____

14. In the **past 10 years**, have you used any drugs or narcotics (**other than cannabis**) that weren't prescribed to you?

Yes/No

15. Have you ever been treated for or had any known indication of alcohol or drug abuse including being advised to stop or reduce your consumption?

Yes/No

Lifestyle

16. In the **past 3 years**, have you had a driving violation, license suspension or your license taken-away (for any reason)?

Yes/No

17. In the past 24 months, have you engaged in any of the following high-risk activities, or do you plan to in the next 12 months?

- ☐ Flying as a pilot, student pilot or crew member on any type of aircraft?
- ☐ Motorized racing (car, motorcycle, snowmobile, etc.)
- ☐ Heli skiing/snowboarding or any back-country activities including skiing snowboarding/snowmobiling
- ☐ Rock or ice climbing
- ☐ Any other high-risk activities
- ☐ Scuba diving

18. Within the **past 12 months**, have you travelled to or lived anywhere **other than** in Canada, the U.S., Mexico, the Caribbean*, United Kingdom, European Union, Australia or New Zealand, or do you plan to do so in the **next 12 months**?

** Although Haiti is part of the Caribbean, if you have spent time there or plan to, you must include it.*

Yes/No

19. In the **past 10 years**, have you been charged (including any pending charges) or convicted of a criminal offense in or outside Canada, impaired driving or refusing to provide a breath or blood sample, or are there any such charges pending?

- ☐ Impaired driving or refusal to provide a breath or blood sample
- ☐ Any criminal offence in or outside of Canada
- ☐ None of these apply

20. Have you **ever** had an application for life insurance, critical illness insurance, disability insurance or long-term care insurance declined, rated, modified or postponed?

You do not need to tell us about any policies where all modifications have been removed.

Yes/No

Healthcare provider

21. Who is your **regular** healthcare provider?

Note: We may release your medical results to the regular healthcare provider or clinic named in the application.

Provider name: _____

Reason for applying

Why are you applying for this life insurance? Select all that apply:

- ☐ Provide income for another person
- ☐ Pay for expenses after death
- ☐ Give to charity
- ☐ Estate planning and protection
- ☐ Mortgage or debt protection
- ☐ Other

Why are you applying for this CI insurance? Select all that apply:

- ☐ Personal/family protection
- ☐ Mortgage or debt protection
- ☐ Other

Employment details

- ☐ Employed/Self-employed
- ☐ Retired
- ☐ Student
- ☐ Homemaker
- ☐ Unemployed