

# SimpleProtect – Health and lifestyle questions for juvenile participating life insurance

This resource can be used prior to meeting with your client to review the Health and Lifestyle questions that are asked in a SimpleProtect™ juvenile participating life 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 the child's height and weight?

*Please round to the nearest pound or kilogram.*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

2. Within the past 12 months, has the child lost any weight?

**Yes/No**

3. Has the child been diagnosed, treated for or had any known indication of or undergone investigation for:

- a heart murmur, congenital heart disease, aortic surgery, heart valve replacement, heart attack, stroke, disorder of the arteries
- epilepsy, seizure, muscular dystrophy, cerebral palsy, permanent paralysis
- acquired immunodeficiency syndrome (AIDS) or a positive test for HIV, the virus that causes AIDS
- (chronic) hepatitis, (chronic) kidney disease or failure, or major organ failure
- asthma, cystic fibrosis
- aplastic anemia, bacterial meningitis, hemophilia
- diabetes
- autism, developmental problems (physical or mental)
- cancer or benign brain tumour
- any congenital abnormality or hereditary disorder

**Yes/No**

4. Within the past 12 months, has the child consulted or been treated by any healthcare provider for any known or suspected heart attack, stroke, cancer or the acquired immunodeficiency syndrome (AIDS); or ever tested positive for HIV, the virus that causes AIDS?

**Yes/No**

5. Other than previously disclosed, does the child have any disability, disease or health problem, or is the child under treatment by diet, medicine or other means, or is there any reason to believe the child may not be in good health and not free from symptoms, disease or disorder?

**Yes/No**

6. Have any of the child's biological immediate family members (father, mother, brothers or sisters):
- Been diagnosed with heart disease, cancer or stroke before age 65?
  - Been diagnosed with diabetes, amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), chronic kidney disease, Huntington's chorea, multiple sclerosis, cystic fibrosis, muscular dystrophy or any other hereditary disease before age 70?

**Yes/No**

7. Within the **past 30 days**, has the child consulted or been treated by a healthcare provider for anything other than a minor condition for which no follow-up visit has been arranged or contemplated?

**Yes/No**

## Lifestyle

8. Within the **past 12 months**, has the child travelled to or lived anywhere **other than** in Canada, the U.S., Mexico, the Caribbean\*, United Kingdom, European Union, Australia or New Zealand, or is it intended that the child will travel or live outside of Canada 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**

9. Has the child **ever** had any applications for life insurance or critical illness insurance declined, rated, modified or postponed in any way?

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

**Yes/No**

## Healthcare provider

10. Who is the child's **regular** healthcare provider?

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

Provider name: \_\_\_\_\_

Address (optional): \_\_\_\_\_

Street number and name: \_\_\_\_\_ Unit/Suite number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Phone number (optional): \_\_\_\_\_ Date of last visit: \_\_\_\_\_

What was the reason for the child's last visit to a healthcare provider or clinic?

- Regular checkup
- Vaccinations or immunizations
- Well baby checkups
- Cold, flu, strep throat, tonsillitis, eye or, ear infection from which the child has fully recovered
- Urinary tract infection (UTI) from which the child has fully recovered
- Foot, ankle, leg, arm, wrist, collarbone fracture/break
- Other

## Reason for applying

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

- Family protection
- As part of an overall financial plan
- Preserve the child's insurability
- Other