

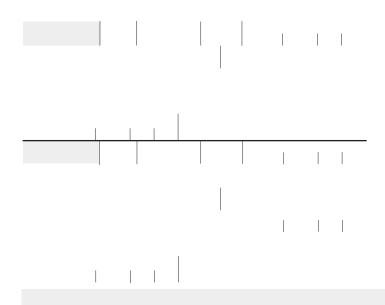
**Quebec** PO Box 790, Station B Montreal, Quebec H3B 3K6 Ontario, Atlantic and Western Provinces 522 University Avenue, Suite 400 Toronto, Ontario M5G 1Y7

## EVIDENCE OF INSURABILITY

## I- Policyholder's Statement

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## 1. What is the reason for completing this form?



Children			Date of birth
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	•	Member Yes No	Spouse Yes No	Children Yes No		Member Yes No	Spouse Yes No	Children Yes No
t c c f f f i j j k l	<ul> <li>Tumours or cancer</li> <li>Lung disorder</li> <li>Pleurisy, asthma or emphysema</li> <li>Backache, neck or spinal cord disorders</li> <li>Mental disorders</li> <li>Mood disorders or other emotional disorders</li> <li>Neurological disorders, epilepsy or seizure</li> <li>Multiple sclerosis</li> </ul>				<ul> <li>o. Intestinal or kidney disorders</li> <li>p. Chronic diarrhoea</li> <li>q. Urinary disorders</li> <li>r. Liver disorders or gallstones</li> <li>s. Genital disorders</li> <li>t. Goitre or glandular disorders</li> <li>u. Neuritis</li> <li>v. Arthritis, rheumatism, sciatica, gout, bone, joint disorder or lupus in any form</li> <li>w. Muscular dystrophy</li> <li>x. Diabetes</li> <li>y. Fibromyalgia or chronic fatigue syndrome</li> <li>z. Any eye, ear or throat disorders</li> </ul>			
4.	<ul> <li>Stomach disorders or ulcers</li> <li>Stomach disorders or ulcers</li> <li>Stomach disorders or ulcers</li> <li>Provide details for each affirmative answer</li> </ul>	ي م wer giver	to all the	previous question	ab. Any health problems related to use of drugs and/or alcohol?			
	Illnoss or other reason. It	dicato if an			Poriod during which			

First name	Illness or other reason. Indicate if an operation was performed. Reason for any preventive examination, medical advice, treatment and medication.	Onset of illness	Period during which regular duties or functions could not be performed.	Complete recovery	Names and addresses of physicians and hospitals
		First operation was performed. Reason for any preventive examination, medical advice,	First operation was performed. Reason for any Onset name preventive examination, medical advice, of illness	First         operation was performed. Reason for any name         Onset         regular duties or functions           name         preventive examination, medical advice,         of illness         could not be performed.	First         operation was performed. Reason for any name         Onset         regular duties or functions         Complete           name         preventive examination, medical advice,         of illness         could not be performed.         recovery

	Critical Illness Insurance: Additional Questions (Questions 7 and 8 only need to be completed if you are applying for the Critical Illness Benefit)									
	For each affirmative answer given below, please provide details in the table on the previous page (Question 5).									
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8. FAMILY HI	STORY									
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III- Confiri	mation/Authoriz	zation								

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IV- Authorization			
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## Disclosure

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At Industrial Alliance, the personal information we collect concerning you and your dependants is kept in strict confidence and is only used for the purposes you have authorized. Your personal file will be kept at Industrial Alliance's offices.

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You have the right to request access to your personal information and, if necessary, correct any inaccurate information. In order to do so, send a written request to the following: Industrial Alliance Insurance and Financial Services Inc., Information Access Officer, 1080 Grande Allée West, PO Box 1907, Station Terminus, Quebec City, Quebec, G1K 7M3.

Access to your personal information will be limited to Industrial Alliance's employees, agents, reinsurers and service providers in the performance of their duties, individuals to whom you have granted access, and persons authorized by law.

For the purposes of audits and administrative reporting, Industrial Alliance may release to your Employer/Policyholder statistical financial information without personal identifiers. Industrial Alliance may establish a list of its insureds to share information within the Industrial Alliance Group. This will help us serve clients better and determine whether any products and services that

the Industrial Aniance may establish a list of its insured to share mornation within the industrial Aniance Group. This will help us serve cherts better and determine whether any products and services to them. However, you are entitled to have your name removed from this list by making a written request to this effect to the Information Access Officer, as mentioned above.

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Pre-notice from the Medical Information Bureau (Must be detached and kept by the member)

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