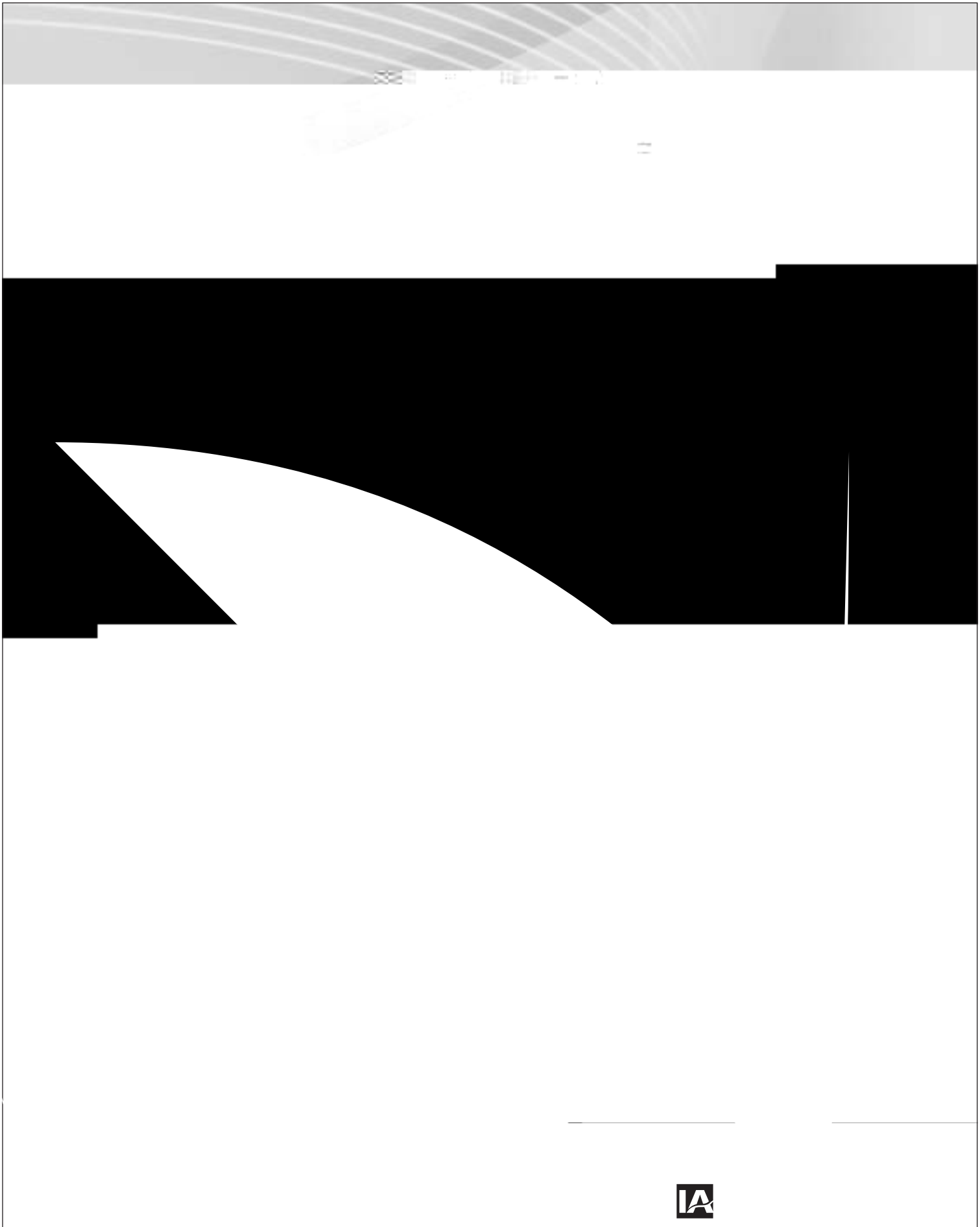


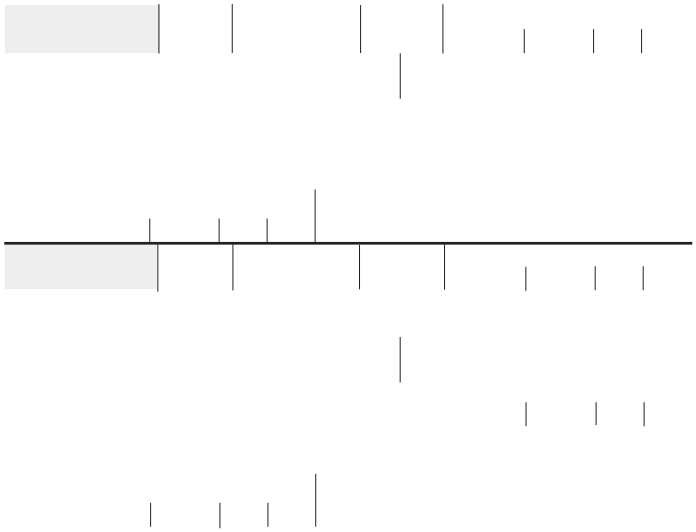
Quebec
PO Box 790, Station B
Montreal, Quebec H3B 3K6

Ontario, Atlantic and Western Provinces
522 University Avenue, Suite 400
Toronto, Ontario M5G 1Y7

EVIDENCE OF INSURABILITY

I- Policyholder's Statement

1. What is the reason for completing this form?



Children

Date of birth

3. [redacted]

	Member Yes	Member No	Spouse Yes	Spouse No	Children Yes	Children No
a. Heart disorder or chest pains	☐	☐	☐	☐	☐	☐
b. High blood pressure, elevated cholesterol or stroke	☐	☐	☐	☐	☐	☐
c. Irregular pulse	☐	☐	☐	☐	☐	☐
d. Circulatory disorders	☐	☐	☐	☐	☐	☐
e. Blood disorders	☐	☐	☐	☐	☐	☐
f. Tumours or cancer	☐	☐	☐	☐	☐	☐
g. Lung disorder	☐	☐	☐	☐	☐	☐
h. Pleurisy, asthma or emphysema	☐	☐	☐	☐	☐	☐
i. Backache, neck or spinal cord disorders	☐	☐	☐	☐	☐	☐
j. Mental disorders	☐	☐	☐	☐	☐	☐
k. Mood disorders or other emotional disorders	☐	☐	☐	☐	☐	☐
l. Neurological disorders, epilepsy or seizure	☐	☐	☐	☐	☐	☐
m. Multiple sclerosis	☐	☐	☐	☐	☐	☐
n. Stomach disorders or ulcers	☐	☐	☐	☐	☐	☐
o. Intestinal or kidney disorders	☐	☐	☐	☐	☐	☐
p. Chronic diarrhoea	☐	☐	☐	☐	☐	☐
q. Urinary disorders	☐	☐	☐	☐	☐	☐
r. Liver disorders or gallstones	☐	☐	☐	☐	☐	☐
s. Genital disorders	☐	☐	☐	☐	☐	☐
t. Goitre or glandular disorders	☐	☐	☐	☐	☐	☐
u. Neuritis	☐	☐	☐	☐	☐	☐
v. Arthritis, rheumatism, sciatica, gout, bone, joint disorder or lupus in any form	☐	☐	☐	☐	☐	☐
w. Muscular dystrophy	☐	☐	☐	☐	☐	☐
x. Diabetes	☐	☐	☐	☐	☐	☐
y. Fibromyalgia or chronic fatigue syndrome	☐	☐	☐	☐	☐	☐
z. Any eye, ear or throat disorders	☐	☐	☐	☐	☐	☐
ab. Any health problems related to use of drugs and/or alcohol?	☐	☐	☐	☐	☐	☐

4. [redacted]

☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐

5. Provide details for each affirmative answer given to all the previous questions (Please print in ink)

Question no.	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

TO ENSURE THAT YOUR REQUEST IS PROCESSED RAPIDLY,
PLEASE ANSWER ALL QUESTIONS AND OBTAIN ALL REQUIRED SIGNATURES.

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).

7.

	Member		Spouse		Children	
	Yes	No	Yes	No	Yes	No
	☐	☐	☐	☐	☐	☐

8. FAMILY HISTORY

☐ ☐

Member	☐				
	☐				
Spouse	☐				
	☐				

III- Confirmation/Authorization

I HEREBY CONFIRM
AUTHORIZE

I AGREE **I ACCEPT**

I UNDERSTAND

I AUTHORIZE

I ALSO AUTHORIZE

I ALSO AUTHORIZE

A photocopy of this confirmation/authorization has the same value as the original.

IV- Authorization

I AUTHORIZE

A photocopy of this authorization has the same value as the original.

Disclosure

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.

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 Alliance Group offers are suitable so we can offer such 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.

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