



Underwritten by: **Federated Life Insurance Company of Canada**  
Head Office: 717 Portage Avenue, Winnipeg, Manitoba  
Mailing Address: P.O. Box 5800, Winnipeg, MB R3C 3C9  
Telephone: 1-800-665-1934  
Facsimile: 1-204-783-6913

**e-application for**  
**Term Life Insurance**

**Policy Number:**

Surname:

Given Name:

Initial:

This e-application was completed on your behalf by agent:

on:

**IMPORTANT INFORMATION:**

The policy you have in your possession was issued based on answers in this e-application. If any of the answers were not recorded correctly, or have changed since the original date of completion, amend and clarify the information in detail, initial all changes and return this e-application and policy to Federated Life Insurance Company of Canada for review. In such instance, no coverage will be in effect until we advise you in writing that your policy has been reviewed and approved.

The original application must be signed, dated and returned to Federated Life Insurance Company of Canada within thirty (30) days of the policy effective date listed in the Policy Schedule.

**1. General Information**

Gender:

Date of Birth:

Place of Birth:

Social Insurance No.:

Residence Address:

City:

Province:

Postal Code:

Home Phone Number:

Business Phone Number:

Primary Fax Number:

Primary e-mail Address:

## 2. Replacement

YES/NO

Will this application replace individual life insurance already in force?

## 3. Declaration of Insurability

YES/NO

- a) Are you between the age of 18 and 65?
- b) Do you read and speak English or French?
- c) Are you a Canadian citizen or do you have your landed immigrant status?
- d) Do you belong to any of the following occupations?
- Actors/Actresses/Models
  - Air Traffic Controllers
  - All Off Shore Workers (Oil & Natural Gas)
  - Blasters and anyone handling explosives or acids
  - Cable Men, Drillers
  - Carnival, Circus Employees/Performers/Rodeo Performer
  - Employee of Cocktail Lounges, nightclubs or Taverns (where liquor is primary business)
  - Firefighters: airfields, jumpers
  - Fisherman: gulfs, oceans, seas (not coming home daily)
  - Hazardous materials Truck Driver
  - Logging Industry: Raftsmen, Rivermen, River Drivers, Topmen, High Climber, Fallers, Cutters, Buckers, Boomsman, Pondmen, Boomstick Boreers, Riggers, Chokemen
  - Marine Industry: barges/tugs ocean, wrecking & salvage
  - Mining: underground workers
  - Professional Divers and diving attendants
  - Steeplejacks
  - Structural Iron or Steel Workers: towers, bridges, buildings over 2 stories, cable car
  - Stunt Workers
  - Window cleaners: over 2 stories
- e) Within the past 10 years, have you suffered from, received treatment, medication, medical advice, care, service or diagnosis for, had known indication of, had a positive test for or consulted a physician about any of the following:
- i) Cancer, tumor, enlarged glands or leukemia?
  - ii) Any disease or disorder of the immune system; such as but not limited to Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) ?
  - iii) abnormal blood pressure, stroke, any disease or disorder of the heart or circulation (such as chest pain, angina or heart attack) or lungs (such as asthma, pneumonia or emphysema)?
  - iv) dizzy or fainting spells, epilepsy, paralysis, neurological disorder, depression, psychiatric disorder or suicide attempt?
  - v) any disease or disorder of the stomach (other than flu or minor ailments), intestines or colon, liver, kidney, bladder or reproductive organs?
  - vi) diabetes, thyroid disorder, hepatitis, hepatitis carrier state or any blood or glandular disorder?
  - vii) been advised to seek treatment or medical advice, been advised to reduce alcohol consumption or attended an organization because of alcohol use?

- f) Within the past **2 years**, have you:
- i) had any symptoms of or treatment for any medical condition that resulted in overnight hospitalization (other than normal pregnancy, gall bladder removal, appendectomy, any fracture of bone that doesn't require operation or an operation for bunions)?
  - ii) had any abnormal electrocardiogram, chest x-ray (other than broken ribs), laboratory test or studies (other than for kidney stones, gall stones)?
- g) Within the past **12 months**, have you consulted a doctor or health care practitioner, received any treatment or counseling, had any diagnostic tests or been prescribed or taken medication for any reason **other** than the following:
- regular annual checkup with no further investigations or follow ups
  - regular cold and/or flu (with antibiotic treatment or no treatment required)
  - Ministry of Transport physical with normal results
  - employment medical with normal results
  - normal pregnancy
  - kidney stones, gall stones
  - vasectomy, tubal ligation, appendectomy
  - musculoskeletal disorders such as dislocations, fractures, minor injuries, back or muscle strain
- If yes, provide full details such as reason, name and address of attending physician, date consulted.
- h) Are you aware of any symptoms or complaints regarding your health for which you have not yet consulted a physician or received treatment or have you been advised to have further examination, diagnostic testing, treatment or surgery that has not yet been scheduled or completed?
- i) Within the past **5 years**, have you had your driver's license suspended, been convicted of impaired driving or had 5 or more moving violations or used any drugs (other than marijuana or hashish), including, but not limited to cocaine, heroine and LSD, or been treated for drug abuse?
- j) Within the past **3 years**, have you:
- i) lived outside of Canada or the United States on a permanent basis or do you intend to travel outside of North America other than for vacation or business reasons for more than 2 months?
  - ii) participated in aviation (other than as a fare paying passenger) scuba diving, mountain or rock climbing, skydiving or any other hazardous activities, or do you have any intention to do so in the future?
  - iii) received a disability benefit from any source or missed 15 or more consecutive days from work or school due to illness?
  - iv) had any application for Life, Disability or Critical Illness insurance declined, postponed, cancelled, rescinded, rated, modified or issued other than applied for in any way?

## 4. Height and Weight

Current Height:

Current Weight:

## 5. Smoking Status

YES/NO

Have you used any form of tobacco in the last 12 months, including cigarettes, cigarillos, cigars, pipes, chewing tobacco or smoking cessation products such as nicorette gum or nicotine patch or have you used any marijuana or hashish in the last 12 months?

## 6. Policy Owner

Name:

Social Insurance No.:

Mailing Address:

City:

Province:

Postal Code:

Home Phone Number:

Business Phone Number:

Primary Fax Number:

Primary e-mail Address:

## 7. Beneficiary designation

**Primary Beneficiary**

Name:

Relationship to the Insured:

## 8. Policy Schedule

Policy Effective Date:

Maturity Date:

Plan Type:

Amount of Insurance:

Date of Birth:

Issue Age:

Premium Class:

Annual Premium:

Monthly Premium:

Credit Card:

## 9. MIB Pre-Notice

### IMPORTANT NOTICE REGARDING THE MEDICAL INFORMATION BUREAU (MIB)

Information regarding your insurability will be treated as confidential. Federated Life Insurance Company of Canada or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file you may contact the Bureau and seek a correction. The address of the Bureau's information office is:

MIB Information Office  
330 University Avenue  
Toronto, Ontario M5G 1R7  
Telephone number: (416) 597-0590

Federated Life Insurance Company of Canada or its reinsurers, may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

## 10. Disclosure Statement

The transaction represented by this application is between the applicant and Federated Life Insurance Company of Canada. The licensed agent/agency soliciting this application is an independent contractor representing Federated Life Insurance Company of Canada and will receive compensation from Federated Life Insurance Company of Canada when the transaction is complete. The applicant is not obligated to transact any other business with the agent/agency, or any other organization as a condition of this application.

## 11. Declaration and Acknowledgement

I certify that the statements and answers contained in this e-application are true and correctly recorded and it is agreed that such statements and answers shall constitute the e-application for insurance.

I understand that if any of the questions in this e-application are not answered truthfully, a false answer will constitute FRAUDULENT MISREPRESENTATION. There will be NO LIABILITY, CLAIM, OR BENEFITS payable from any Term Life Insurance that is issued by Federated Life Insurance Company of Canada taking into consideration a false answer to any of the questions. In the case of fraudulent misrepresentation, the limit of the company's liability will be to return the premiums paid.

In connection with this e-application for insurance, I hereby acknowledge reviewing the pre-notice describing the Medical Information Bureau procedures, and also acknowledge that I gave consent for MIB to give to Federated Life Insurance Company of Canada and its reinsurers any information in its files.

I understand that the company will terminate this insurance automatically on the expiration of **30 days** from the policy effective date if this application is not signed, dated and returned to Federated Life Insurance Company of Canada within that time. The limit of the company's liability will be to return the premiums paid.

Dated at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Year  
City Province

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Owner, if other than the Insured

Please return this signed application to: Federated Life Insurance Company of Canada, P.O. Box 5800, Winnipeg, MB R3C 3C9. If you have any questions on this e-application or the Term Insurance Policy, please contact your agent.