



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  
Critical Illness Policy**

<b>Policy Number:</b>		
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 in Section 5.

<b>1. General Information</b>		
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. Declaration of Insurability

YES/NO

- a) Are you between the age of 18 and 60?
- b) Do you read and speak English or French?
- c) Are you a Canadian citizen or do you have your landed immigrant status?
- d) Within the past 5 years, have you had any application for Life, Disability or Critical Illness insurance declined, postponed, cancelled, rescinded, rated, modified or issued other than applied for in any way?
- e) Within the past 5 years, have you had any abnormal diagnostic test results including mammograms or abnormal PSA test for prostate cancer; or have you consulted, received treatment or advice from or been prescribed medication by any medical advisor for tumour, polyps, chest pain, palpitations, TIA's (transient ischemic attacks), diabetes, kidney disease, eye (excluding corrective lenses) and/or ear disorder, hepatitis or any disorder of the liver or colon, AIDS or positive HIV test?
- f) Are you aware of any symptoms or complaints regarding your health for which you have not yet consulted a physician or received treatment?
- g) Have you been advised to have further examination, diagnostic testing, treatment or surgery that has not yet been scheduled or completed?
- h) Have any of your immediate family members (father, mother, siblings) had breast or colo-rectal cancer, heart disease, polycystic kidney disease or stroke prior to age 60?

## 3. Height and Weight

Current Height:

Current Weight:

## 4. Smoking and Drug Use 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?

## 5. 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:		

## 6. 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.

## 7. 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.

## 8. 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 Critical Illness 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 have read the policy and I understand the exclusions and limitations contained in sections 5 to 7 of the policy.

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

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 Critical Illness Policy please contact your agent.