

# Lifecheque Supplementary Application

Please use this Supplementary Application in conjunction with the Commercial Union Life Insurance and Critical Illness (8654) application or with the Application for Reinstatement or Change (CU5281E or 5281).

**Agent's Instruction:** An application must also be completed on all existing children if applying for Children's Lifecheque Rider. Review the uninsurable medical impairment checklist and do not submit an application if the client has one or more of these conditions.

**Manulife Financial, New Business & Underwriting**  
**PO BOX 800 STATION C, 25 WATER ST S, KITCHENER ON N2G 4Y5**

## Uninsurable medical impairment checklist

- Active hepatitis
- AIDS or AIDS related diseases
- Alcohol abuse in past 2 years
- Alzheimer's disease
- Any heart condition or heart trouble
- Blindness - coverage may be available with exclusions
- Cancer - all cancers except basal cell skin cancer
- Cerebral Palsy
- Coma
- Congenital heart conditions
- Coronary by-pass surgery
- Cystic Fibrosis
- Deafness - coverage may be available with exclusions
- Diabetes
  - Insulin-dependent Diabetes mellitus (IDDM)
  - non-Insulin-dependent Diabetes mellitus (NIDDM) under age 40
  - Diabetes diagnosed within the past six months
- Down's syndrome
- Drug use within the past 3 years - other than social marijuana use
- Heart attack
- Hemophilia
- Huntington's Chorea
- Kidney disease - other than kidney stones or a history of kidney infection
- Lou Gehrig's disease - Amyotrophic Lateral Sclerosis (ALS)
- Lupus - other than Discoid Lupus Erythematosus
- Major organ transplant recipient
- Multiple Sclerosis
- Muscular Dystrophy
- Paralysis - other than Bell's Palsy - coverage may be available with exclusions
- Parkinson's Disease
- Pulmonary fibrosis
- Sickle cell disease
- Stroke - cerebral vascular accident, transient ischemic attack (TIA)
- Suicide attempt within the past two years
- Uncontrolled epilepsy - frequent attacks

## 1 Applicant information

Last name	First name	Date of birth (dd/mmm/yyyy)									
Sum insured \$	<input type="radio"/> Primary (4 conditions to age 65) <input type="radio"/> Permanent (18 conditions)	<input type="radio"/> Level (18 conditions to age 75) <input type="radio"/> Renewable (18 conditions to age 75)									
<input type="radio"/> Return of Premium at Expiry											
Have you, the applicant, or any of your natural parents, brothers or sisters, whether now living or dead, ever suffered from any of the following conditions <b>before age 60? Indicate age at which the disorder was diagnosed in the appropriate box.</b>											
	Alzheimer's disease	Cancer*	Diabetes	Heart attack/heart disease	Hepatitis	Hereditary disorder	High blood pressure	Kidney disorder	Multiple Sclerosis	Parkinson's disease	Stroke
Applicant											
Father											
Mother											
Siblings											
* If family member(s) suffered from cancer, please advise the type of cancer											

## 2 Children's Lifecheque rider

Name of child(ren) (please label A, B, C, etc.)											
Sum insured \$	(Must be in multiples of \$5,000, lesser of \$100,000 or 50% of a parent's Lifecheque coverage)										
Has the named child(ren) or any of their natural parents, brothers or sisters, whether now living or dead, ever suffered from any of the following conditions <b>before age 60? Indicate age at which the disorder was diagnosed in the appropriate box.</b>											
	Alzheimer's disease	Cancer*	Diabetes	Heart attack/heart disease	Hepatitis	Hereditary disorder	High blood pressure	Kidney disorder	Multiple Sclerosis	Parkinson's disease	Stroke
Child A											
Child B											
Child C											
Child D											
Father											
Mother											
* If family member(s) suffered from cancer, please advise the type of cancer											

## 3 Signatures

I, the Applicant, declare to the best of my knowledge that the above statements and answers are complete and true and shall form part of this application for Lifecheque Insurance to The Manufacturers Life Insurance Company.

Date (dd/mmm/yyyy)	Applicant	Witness
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