

<input style="width: 95%;" type="text"/> Policyholder's last name	<input style="width: 95%;" type="text"/> Policyholder's first name
<input style="width: 80%; margin-left: 5px;" type="text"/> Application or Contract No.	

1 CHILDREN'S INFORMATION FOR THE CHILDREN'S LIFE INSURANCE RIDER

	Last name	First name	Gender	Date of birth		
				Year	Month	Day
Child 1	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Child 2	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

2 INSURED AMOUNT

Insured amount: \$ _____ The insured amount must be the same for all children.

3 BENEFICIARY INFORMATION

Last name	First name	Date of birth			Relationship to the children (in Quebec, relationship to the policyholder)	Check one	
		Year	Month	Day		Revocable	Irrevocable
<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 OTHER INSURANCE IN FORCE OR PENDING

CHILD 1

Does the child currently hold a life (**LIFE**) or critical illness (**CI**) insurance contract or have a pending application for any of these types of insurance?

Yes No **If so**, provide the details of these contracts or applications.

LIFE	CI	Insured amount	Company name	Year and month issued (check if pending)		
				Year	Month	Pending
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input style="width: 500px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/>

CHILD 2

Does the child currently hold a life (**LIFE**) or critical illness (**CI**) insurance contract or have a pending application for any of these types of insurance?

Yes No **If so**, provide the details of these contracts or applications.

LIFE	CI	Insured amount	Company name	Year and month issued (check if pending)		
				Year	Month	Pending
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input style="width: 500px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input type="checkbox"/>

5 PREVIOUS INSURANCE COVERAGE

CHILD 1

Has the child ever had a life (**LIFE**) or critical illness (**CI**) insurance application declined, deferred, modified, cancelled or rated with a higher premium?
 Yes No **If so, provide details on these applications.**

Year	Month	LIFE	CI	Company name	Decision	Reason
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

CHILD 2

Has the child ever had a life (**LIFE**) or critical illness (**CI**) insurance application declined, deferred, modified, cancelled or rated with a higher premium?
 Yes No **If so, provide details on these applications.**

Year	Month	LIFE	CI	Company name	Decision	Reason
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

6 NON-MEDICAL INFORMATION

Check YES or NO. For each "YES" answer, provide details in Section 9 Additional Information.

	CHILD 1		CHILD 2	
	Yes	No	Yes	No
Alcohol and drugs 6.1 Has the child ever consulted, been treated or hospitalized for alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving record 6.2 Has the child ever had his or her driver's licence restricted or revoked, or does the child have 3 or more violations of the Highway Safety Code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aviation and hazardous sports 6.3 In the last 2 years, has the child flown a plane, taken flying lessons, taken part in scuba diving, skydiving, hang gliding or any other hazardous sport or activity or does he or she plan to do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 MEDICAL INFORMATION

Check YES or NO. For each "YES" answer:
 - Circle the relevant illness, condition or situation.
 - Provide details in Section 9 Additional Information.

	CHILD 1		CHILD 2	
	Yes	No	Yes	No
Has the child consulted, been treated or hospitalized for cardiac or cerebral malformation, diabetes, cancer, tumor, leukemia, kidney disorder, asthma, convulsions, epilepsy, neurological disorder, depression, anxiety, liver disorder or Hepatitis B or C or is he or she a carrier of Hepatitis B or C or Acquired Immune Deficiency Syndrome (AIDS) or does he or she have an AIDS-related condition or tested positive for HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 HEIGHT AND WEIGHT

CHILD 1

Height: _____ cm ft./in. Weight: _____ kg lb.

CHILD 2

Height: _____ cm ft./in. Weight: _____ kg lb.

