

Email us at: underwriting@lacapitale.com

In order for us to be able to provide you with a fast and accurate opinion, it is very important that **all the sections** of this form be completed with as many details as possible.

Product: Long Term Care Life Insurance Critical Illness Insurance Disability Income Benefit

Last name		First name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age or date of birth		<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker Date of cessation of all tobacco use:		Weight: <input type="checkbox"/> kg <input type="checkbox"/> lb Height: <input type="checkbox"/> cm <input type="checkbox"/> ft/in	
Occupation		Annual income		Amount of insurance desired	
Other relevant information to insurable risk assessment:					
Are you under the care of a physician? Medical history		Diagnosis date(s) – Include any hospital admissions or surgeries			
Are you on medication? <input type="checkbox"/> Yes No <input type="checkbox"/>		Name and daily dosage of all prescribed medication:			
Are you receiving treatment other than medication? <input type="checkbox"/> Yes No <input type="checkbox"/>		Please specify:			
Any absence from work in the last five years? <input type="checkbox"/> Yes No <input type="checkbox"/>		Reason, date and length of absence: Date of resumption of full-time duties: Date of last medical visit and physician's name:			
Are you scheduled for any tests? <input type="checkbox"/> Yes No <input type="checkbox"/>		Which tests and the reasons for them:			
Do you have a medical condition requiring surgery or a medical consultation? <input type="checkbox"/> Yes No <input type="checkbox"/>		Please specify:			
Family history (important if a critical illness application)					
Relationship to the insured	Name of disease (if cancer, specify type)			Age at diagnosis	Age at death

Advisor's name: _____ Advisor's number _____ Date _____

Please note that any decision concerning your opinion request is subject to the provision of complete information to the Insurer, if applicable.