

# Simplified Second Chance Application form



Policy No. Leave blank

Note: The contract will be issued by La Capitale Insurance and Financial Services Inc. (the Insurer).

## 1 IDENTIFICATION OF POLICYHOLDER AND INSURED

<input type="checkbox"/> Male <input type="checkbox"/> Female	Last name	First name	Last name at birth (if different)	Date of birth Year   Month   Day		
Address (number and street)				Social Insurance Number 		
City		Postal code		Telephone 		
Occupation (mandatory)	Employer (current or past)	Employer's address				

### THIRD PARTY INVOLVEMENT

Is the policyholder acting in accordance with the instructions of another person (third party)?  Yes  No If so, provide the following information about the third party:

Name of third party		Date of birth (YYYY/MM/DD)	Relationship to policyholder
Address (number, street, apartment)			City
Province		Postal code	Occupation or key activity
<b>If the third party is a company</b>	Corporation No.	Place of incorporation	

## 2 INSURANCE COVERAGE SELECTION

### TYPE OF INSURANCE

Check the type of insurance desired. The premium is set according to the *Table of Monthly Premiums* on the last page.

- T-10** 10-year renewable fixed term insurance with a premium that is fixed and guaranteed for the first 10 years, then increases every 10 years until age 75.
- T-75** Fixed term insurance to age 75 with a premium that is fixed and guaranteed until age 75.
- T-75 with Health Option** Fixed term insurance to age 75 with a fixed, guaranteed premium that is payable to age 65 or until the 25th policy anniversary (but no later than age 75), whichever is later. Reimbursement of premiums prior to death possible starting on the 15th policy anniversary, depending on age at issue. **To apply for the Health Option, you must be between age 18 and 55 inclusive.**

### AMOUNT OF INSURANCE

Check the amount of insurance desired. This amount of insurance, combined with any amount of insurance already in force under an existing *Simplified Second Chance* policy, may not exceed \$50,000. If applicable, the portion of the premium corresponding to any amount in excess of \$50,000 of insurance coverage will be reimbursed.

- \$10,000     \$25,000     \$50,000

## 3 ELIGIBILITY

**You don't need to take a medical exam when applying. To be eligible, you need to be between age 18 and 60<sup>1</sup> inclusive, have a permanent Social Insurance Number, that is, one not beginning with the figure 9 and be able to answer NO to the questions below. If you answer YES to any of the following questions, you are not eligible to apply for *Simplified Second Chance*.**

1- Does your current weight exceed the maximum weight indicated in the table?	HEIGHT		MALE		FEMALE		<input type="checkbox"/> No <input type="checkbox"/> Yes
	FEET	CM	LB	KG	LB	KG	
	5'0" – 5'3"	152 – 160	208	94	191	87	
	5'4" – 5'6"	161 – 168	230	104	213	97	
	5'7" – 5'9"	169 – 175	250	113	229	104	
	5'10" – 6'0"	176 – 183	270	122	249	113	
> 6'0"	> 183	291	132	274	124		

Note 1: To apply for *Simplified Second Chance* with the Health Option, you must be between age 18 and 55 inclusive.

Please initial any changes made.

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### 3 ELIGIBILITY (cont.)

2- Medical history: Have two or more members of your immediate family (father, mother, brothers, sisters) suffered a cardiac or kidney disorder, cerebrovascular accident (stroke), diabetes, cancer, multiple sclerosis or motor neuron disease before reaching age 60?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3- Do you suffer or have you suffered from, showed symptoms of, ever consulted for or been treated for any of the diseases or conditions listed below: a) Angina, heart attack, chest pain, heart failure, cerebrovascular accident (stroke), transient cerebral ischemia (TCI), abnormal electrocardiogram or any other heart or blood vessel disorder, type 1 (insulin-dependent) or type 2 diabetes? b) Cancer, tumor, increase in ganglia, colon polyps or other growths, blood disorder, leukemia or other malignant disease, multiple sclerosis, paralysis, epilepsy or any other brain or nervous system disorder? c) Chronic hepatitis, hepatitis B or C or hepatitis B carrier; any disorder of the intestines or colon; AIDS, AIDS-related syndrome or other immune system disorder, positive HIV test results (human immunodeficiency virus), alcohol abuse or drug use not prescribed by a physician? d) Any prostate disorder (nodules, abnormal PSA), breast-related disorders (including lump, cyst, unusual discharge, physical changes, breast biopsy or abnormal mammogram) or kidney disorders?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4- With regard to your health, have you ever noticed any symptoms or discomfort for which you have not yet consulted a physician, or have you been advised to undergo a diagnostic test or surgical operation that has not yet been carried out?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5- During the last 3 years, have you submitted an application for insurance that was declined, rated with a higher premium or modified in any way?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### 4 SMOKER OR NON-SMOKER STATUS

During the last 12 months, have you used tobacco in any form?  No  Yes

### 5 BENEFICIARY DESIGNATION IN THE EVENT OF DEATH

Any amount payable following a death covered under this benefit is paid to the beneficiary. Any other amount, during the insured's lifetime, is paid to the policyholder.

Full Name	Date of birth Year   Month   Day	Relationship to policyholder	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable <sup>2</sup>
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IMPORTANT: If you live in Quebec and the beneficiary you have named is the person to whom you are married or civilly united, this designation is considered irrevocable unless you indicate that you wish for the designation to be REVOCABLE.

### 6 PREMIUM PAYMENT OPTIONS

THE PREMIUM IS PAYABLE BY EITHER OF THE FOLLOWING METHODS:

**Preauthorized debit (PAD) agreement (personal):**<sup>3</sup> I authorize La Capitale or its agent to debit the fixed monthly amounts required for payments due to La Capitale from the account indicated on the enclosed cheque specimen.

You will receive a notice at least 10 days prior to the scheduled date of the first PAD confirming the amount and date of the PADs. This agreement may be cancelled upon receipt by La Capitale of 30 days' written notice prior to the scheduled date of the next PAD. Furthermore, you have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this agreement. To obtain a sample PAD cancellation form, or for more information about your right to cancel this agreement or your other rights to recourse, you may contact La Capitale or visit [www.cdnpay.ca](http://www.cdnpay.ca).

La Capitale  
625 Jacques-Parizeau St. Quebec QC G1R 2G5  
Tel.: 418 528-2211 or 1 800 463-4433  
Email: [fmi@lacapitale.com](mailto:fmi@lacapitale.com)

X

Payor's signature

Year / Month / Day

**IMPORTANT:** Please enclose a VOID cheque from your financial institution.

**Annual payment:** I have enclosed a cheque in the amount of the monthly premium, multiplied by 12.

**SATISFACTION GUARANTEE:** Within 10 days of receipt of my policy, I may cancel my contract by submitting a request in writing and returning the policy to the Insurer at 625 Jacques-Parizeau St, Quebec QC G1R 2G5. I may cancel my contract without giving any reasons for my decision. I will receive a full refund of all premiums already paid to the Insurer.

Note 2: Designating an irrevocable beneficiary can have significant consequences. To replace a beneficiary designated as irrevocable, or carry out certain changes or transactions, you must obtain the beneficiary's consent. If the irrevocable beneficiary is a minor, the consent of the beneficiary's legal guardian is required in addition to any other legal formalities.

Note 3: The monthly premium may be adjusted slightly depending on the date of issue and date of the first preauthorized payment, in order to ensure the total annual premium is withdrawn during the first year.

Please initial any changes made.

## 7 DECLARATIONS AND AUTHORIZATIONS

- 1- I hereby confirm that the information provided in this application is true and complete, in the knowledge that the Insurer shall base its decision to approve or decline my application on this information and I further understand that any incomplete, inaccurate, false or deceitful declarations may cause my insurance contract to be cancelled.
- 2- I understand that if I am eligible, the insurance shall become effective on the date on which the Insurer approves this application, provided that the initial premium has been paid and there have been no changes in the nature of the insurable risk of the proposed insured since the date on which the application was signed. I further agree that the applicable premiums shall be those that are in effect on the date on which the application is received by the Insurer.
- 3- I hereby authorize the Insurer and its reinsurers to gather only that information required for the underwriting and administration of my file, as well as for claims settlement purposes, from any individual or public, parapublic or private organization holding personal information about myself, notably from health professionals and health establishments, the Medical Information Bureau, financial institutions, other insurance and reinsurance companies, personal information agents, investigation and credit agencies, my employer or previous employers. I also authorize the Insurer and its reinsurers to communicate personal information about myself to such individuals or organizations that is required for the purposes of my file or required by law, as well as to request an investigation report regarding myself. Finally, I authorize the Insurer and its reinsurers to make a brief report to MIB providing personal information about my health.

This authorization shall also be valid for the collection, use and communication of personal information regarding my minor children insofar as it is relevant to this application. A photocopy of this authorization shall be considered as valid as the original.

- 4- I acknowledge that I have read the important information in the *Simplified Second Chance* leaflet as well as the Medical Information Bureau Notice and the Personal Information Protection Notice.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

X \_\_\_\_\_ X \_\_\_\_\_  
Policyholder's signature Advisor's signature

## 8 VERIFICATION OF POLICYHOLDER'S IDENTITY (It is mandatory that this section be filled out by the advisor.)

Verification of ID (original documents only) <input type="checkbox"/> Birth certificate <input type="checkbox"/> Passport <input type="checkbox"/> Driver's licence <input type="checkbox"/> Health insurance card <sup>4</sup>	Document No.	Province or country of issue
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## 9 IDENTIFICATION OF ADVISOR

Full Name	Code
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Note 4: Health insurance cards cannot be used in the following provinces: Ontario, Manitoba and Prince Edward Island. In Quebec, health cards cannot be required for identification purposes but if a policyholder chooses to present one, it can be accepted.

Please initial any changes made.

## TO BE READ AND RETAINED BY THE POLICYHOLDER



### MEDICAL INFORMATION BUREAU NOTICE

Certain information must be collected when an insurer receives an application for insurance, and this information must be as complete as possible. The information collected may be of a medical or personal nature or regard your solvency. To help ensure fair underwriting for all insureds, most insurance companies, including the Insurer, work with an organization called the Medical Information Bureau (MIB).

Any information regarding your insurability will be treated as confidential. However, the Insurer and its reinsurers may forward a summary of such information to MIB, a not-for-profit organization formed by life insurance companies. This organization enables information to be exchanged among member companies. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB will, upon request, supply such company with information in its files.

The Insurer, or its reinsurers, may also disclose the information held in its files to other life insurance companies to which you may submit an application for life or health insurance, or to which a claim may be submitted.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the US Fair Credit Reporting Act. MIB's address is:

### MEDICAL INFORMATION BUREAU (MIB, Inc.)

330 University Ave, Suite 501  
Toronto, ON M5G 1R7  
Tel.: 416-597-0590  
www.mib.com

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**Simplified Second Chance covers 6 illnesses and surgeries:**  
Potentially fatal cancer, heart attack, stroke, coronary artery bypass surgery, coma and paralysis.

## TABLE OF MONTHLY PREMIUMS

### T-10 10-YEAR RENEWABLE FIXED TERM

The premium indicated is fixed and guaranteed for the first 10 years, after which it increases every 10 years.

AGE	MALE						FEMALE					
	NON-SMOKER			SMOKER			NON-SMOKER			SMOKER		
	\$10,000	\$25,000	\$50,000	\$10,000	\$25,000	\$50,000	\$10,000	\$25,000	\$50,000	\$10,000	\$25,000	\$50,000
18 to 25	8.43	11.40	16.42	8.73	14.60	19.25	8.73	11.46	16.25	9.55	13.81	17.38
26 to 30	8.96	12.63	17.88	9.72	16.44	22.79	9.60	13.08	18.04	10.39	15.73	20.58
31 to 35	9.65	14.10	21.04	11.38	20.13	30.08	10.45	14.77	21.00	12.08	19.38	28.83
36 to 40	11.18	17.15	26.21	14.52	26.15	43.75	12.05	17.73	26.63	15.04	24.96	42.88
41 to 45	13.52	22.38	36.75	19.97	38.15	67.54	14.23	22.31	35.71	19.17	34.02	61.75
46 to 50	17.19	30.85	51.25	27.00	57.75	109.00	17.48	29.10	48.71	24.47	46.65	86.54
51 to 55	23.10	46.90	87.50	39.50	92.81	175.33	21.52	37.85	66.50	32.50	63.54	126.33
56 to 60	33.88	70.35	135.79	74.48	166.96	325.50	27.21	49.35	92.42	48.16	103.96	197.42

### T-75 FIXED TERM TO AGE 75

The premium indicated is fixed and guaranteed until age 75.

AGE	MALE						FEMALE					
	NON-SMOKER			SMOKER			NON-SMOKER			SMOKER		
	\$10,000	\$25,000	\$50,000	\$10,000	\$25,000	\$50,000	\$10,000	\$25,000	\$50,000	\$10,000	\$25,000	\$50,000
18 to 25	10.08	17.06	28.63	12.53	23.19	40.25	9.80	16.35	26.96	12.40	22.73	39.63
26 to 30	11.32	19.90	34.13	14.55	28.06	50.42	10.58	18.15	30.83	14.08	26.79	47.96
31 to 35	12.60	23.06	40.83	17.68	35.71	65.50	11.92	21.08	36.50	16.36	32.63	59.17
36 to 40	14.46	27.94	50.42	22.00	46.69	88.17	13.63	25.42	45.00	19.02	39.35	72.63
41 to 45	17.13	33.98	62.58	29.38	65.67	125.33	15.89	30.67	55.83	23.77	50.71	95.75
46 to 50	21.11	43.94	82.08	39.80	90.15	175.08	18.28	36.69	67.63	30.73	67.02	127.50
51 to 55	26.62	57.79	110.38	60.58	140.90	274.67	21.83	45.35	85.29	42.10	95.15	183.46
56 to 60	33.59	76.21	146.13	88.22	209.04	410.50	26.54	57.52	109.83	55.97	129.33	251.54

### T-75 FIXED TERM TO AGE 75 WITH HEALTH OPTION

The premium indicated is fixed and guaranteed.

AGE	MALE						FEMALE					
	NON-SMOKER			SMOKER			NON-SMOKER			SMOKER		
	\$10,000	\$25,000	\$50,000	\$10,000	\$25,000	\$50,000	\$10,000	\$25,000	\$50,000	\$10,000	\$25,000	\$50,000
18 to 25	13.63	22.71	34.29	15.75	28.96	48.50	13.87	22.90	33.50	15.25	27.35	49.08
26 to 30	15.55	26.83	41.38	18.81	36.79	62.33	15.88	27.10	40.17	18.05	34.15	59.42
31 to 35	17.78	31.96	52.38	22.67	47.31	83.83	18.23	32.40	50.08	21.46	43.27	79.58
36 to 40	21.72	40.85	70.63	29.23	65.08	115.13	21.94	40.54	67.88	26.95	57.58	103.46
41 to 45	26.75	52.98	97.08	41.88	95.46	187.54	26.20	50.56	92.13	33.38	76.63	142.79
46 to 50	32.62	69.40	136.21	63.11	150.35	295.25	30.62	62.73	118.67	47.23	109.21	213.04
51 to 55	47.04	109.29	212.17	82.29	195.60	387.33	40.33	91.69	179.58	65.27	154.96	305.42

## TO BE READ AND RETAINED BY THE POLICYHOLDER (cont.)

MIB receives personal information, and the collection, use and communication of such information is governed by the *Personal Information Protection and Electronic Documents Act* and other provincial legislation. Consequently, MIB safeguards personal information in a manner consistent with standard corporate privacy practices and in accordance with applicable legislation, and information may only be disclosed in accordance with the provisions of the legislation. If you have any questions about how MIB safeguards and protects the confidentiality of your personal information, you can contact MIB's privacy department at [privacy@mib.com](mailto:privacy@mib.com)

### PERSONAL INFORMATION PROTECTION NOTICE

The Insurer protects the confidentiality of your personal information, which it keeps in a folder named "*Financial Services of Insurance, Annuities, Credit Financial Services and Related Services*". Only employees, mandataries, distribution partners (such as agents and their firms) and service providers have access to your personal information when such access is required to perform their duties,

carry out their mandate or fulfill their service contract. In some cases, the Insurer may do business with service providers located outside of Canada. In this situation, some of your personal information may be transferred to another country where it is subject to the legislation in force in that country. All service providers, whether they are located in Canada or not, are required to protect your personal information in accordance with the policies and practices of the Insurer.

You have the right to access your file. You may also have any information corrected if you demonstrate that it is inaccurate or incomplete. Make your request in writing to the following address:

**La Capitale Insurance and Financial Services**  
Administration Department  
625 Jacques-Parizeau St, PO Box 16040  
Quebec QC G1K 7X8