

**Eligibility Questionnaire 4 – Simplified Issue | Children from 15 days to 15 years old**

**Important:** Fill out in block letters and answer each section as accurately as possible.

**Section 1 – Information on the proposed insured**

1. Application N° \_\_\_\_\_
2. First name \_\_\_\_\_ Last name \_\_\_\_\_
3. Date of birth 

Y	Y	Y	Y	M	M	D	D
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**Section 2 – Child Questionnaire**

	Yes	No
1. Is the child to be insured attending an educational institution?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, answer the questions:</b>		
a) What school system is the child to be insured in?		
<input type="checkbox"/> Quebec school system <input type="checkbox"/> Canadian school system		
b) What school level is the child to be insured in?	<input style="width: 100%;" type="text"/>	
2. In the last six (6) months:		
a) Has the child to be insured been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
b) Did a physician mention abnormal results following a diagnostic test on the child to be insured?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last twelve (12) months:		
a) Did a physician advise the child to be insured to undergo a diagnostic test, a special test, or any surgery?	<input type="checkbox"/>	<input type="checkbox"/>
b) Did a physician advise the child to be insured to consult another physician, a specialist, or to undergo a medical investigation that has not yet been done?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the child to be insured ever received care, consulted, been diagnosed, or had symptoms related to the following disorders:		
a) Any type of cancer including leukemia, lymphoma, malignant tumor?	<input type="checkbox"/>	<input type="checkbox"/>
b) Cystic fibrosis, cerebral palsy, muscular dystrophy, intellectual disability, autism, Asperger's syndrome, pervasive developmental disorder (PDD), trisomy 21?	<input type="checkbox"/>	<input type="checkbox"/>
c) Congenital cardiopathy, congenital heart defect?	<input type="checkbox"/>	<input type="checkbox"/>
d) Epilepsy, diabetes, juvenile arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
e) High cholesterol or familial hypercholesterolemia?	<input type="checkbox"/>	<input type="checkbox"/>
f) Is the child to be insured on a waiting list for an organ and/or bone marrow transplant or has the child to be insured received an organ and/or bone marrow transplant (excluding corneal transplant)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the child to be insured ever received care, consulted or been diagnosed with acquired immunodeficiency syndrome (AIDS), an AIDS-related disease or any other immune system disorder or undergone an examination indicating the presence of the human immunodeficiency virus (HIV) or antibodies to HIV?	<input type="checkbox"/>	<input type="checkbox"/>

**Available products**  
**Adaptable**

**Express Issue**  
\$ 50,001 to \$ 150,000

**Juvenile 30/100**  
**Express Issue**  
\$ 100,000

**No**

If you answered NO to questions #2 to #9, the child is eligible for the requested coverage.

Please submit the application with **Section 3 – Signatures.**

**Yes**


If you answered YES to one or many questions from #2 to #9, the child is not eligible for the requested coverage.

Yes No

6. Has an immediate family member (father, mother, sister or brother) of the child to be insured suffered or been suffering from the following disorders:
- a) Cerebrovascular or cardiovascular disease diagnosed before the age of 40?  Yes  No
  - b) Polycystic kidney disease?  Yes  No
  - c) Multiple sclerosis diagnosed before the age of 50?  Yes  No
7. In the last twelve (12) months, has the child to be insured lost 10% or more of his or her weight without being intentionally on a diet?  Yes  No
8. In the next twelve (12) months, is the child to be insured planning on travelling outside North America, the Caribbean (excluding Haiti), the United Kingdom or the European Union for more than twelve (12) weeks?  Yes  No
9. Based on his or her height, is the child to be insured's weight outside the corresponding range indicated in the table below?  Yes  No

Note: For children from 0 to 12 months, there are no height and weight restrictions.

Height		Weight	
Inches	Centimeters (cm)	Pounds (lb)	Kilograms (kg)
28" - 31"	71 - 80	13 - 30	6 - 14
32" - 35"	81 - 90	17 - 39	8 - 18
36" - 39"	91 - 101	22 - 48	10 - 22
40" - 43"	102 - 111	28 - 59	13 - 27
44" - 47"	112 - 121	35 - 70	16 - 32
48" - 49"	122 - 126	42 - 119	19 - 54
50" - 51"	127 - 131	46 - 125	21 - 57
52" - 53"	132 - 136	50 - 136	23 - 62
54" - 55"	137 - 141	55 - 139	25 - 63
56" - 57"	142 - 146	61 - 145	28 - 66
58" - 59"	147 - 151	66 - 152	30 - 69
60" - 61"	152 - 156	70 - 161	32 - 73
62" - 63"	157 - 162	79 - 167	36 - 76
64" - 65"	163 - 167	90 - 178	41 - 81
66" - 67"	168 - 172	97 - 189	44 - 86
68" - 69"	173 - 177	103 - 198	47 - 90
70" - 71"	178 - 182	110 - 211	50 - 96
72" - 73"	183 - 187	116 - 220	53 - 100
74" - 75"	188 - 192	123 - 231	56 - 104
76" and +	193 et +	132 - 242	60 - 110

 This questionnaire must be dated on the day it was completed and be received at the UV Insurance head office within **14 days following the date of signature.**

### Section 3 – Signatures

I certify that answers contained in this questionnaire are complete and true and they are an integral part of the insurance application with UV Insurance and cannot be separated.

Signed in \_\_\_\_\_ | Y | Y | Y | Y | M | M | D | D |

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of the proposed insured (if 14 years old or more)      Signature of owner 1 (if legal entity, authorized signatory)

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of the father, mother or legal tutor (if the proposed insured is a minor)      Signature of owner 2 (if legal entity, authorized signatory)

**X** \_\_\_\_\_  
 Signature of advisor