UV INSURANCE

**IMPORTANT | Instructions**

**Eligibility Questionnaire**
Simplified Issue

**Immediate**

## Complete this questionnaire for any **term life insurance** application that meets the following conditions:

**The insurance amount requested is:**
- $150,001 to $499,999 for ages 18 to 45
- $150,001 to $350,000 for ages 46 to 55
- $150,001 to $250,000 for ages 56 to 65

**The insured is aged:**
- 18 to 65 | T-10, T-15 and T-20
- 18 to 60 | T-25
- 18 to 55 | T-30

- If the basic coverage is a permanent life insurance of $150,000 or less and the total insurance amount including the term insurance rider do not exceed the above limits.

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If you answered **NO** to **ALL** questions in **Section B and Section C**, you are eligible for Immediate.

If you answered **YES**
- to **question 1** in **Section B**, you are eligible and the smoking rate will apply to the contract.
- to **questions 7-A, 7-B, or 7-C** in **Section B**, you must answer **NO** to the sub-questions to qualify.
- to **question 9** in **Section B**, you must answer **NO** to the sub-questions to qualify.

If you answered **YES** to **questions 16 or 17** in **Section C**, the sub-questions will determine if you are eligible for an adjusted premium. If you answered **YES** to **question 22-A** in **Section C**, the sub-questions will determine if you are eligible for a standard premium. For an immediate decision, please use the questionnaire available within the electronic application from your My Universe portal. Read the document: **The Secrets of Immediate**

A basic coverage and a temporary coverage rider can be applied for using the Immediate questionnaire within the above mentioned limits. If the basic coverage is a permanent life insurance, it must be less than or equal to $150,000. All applications for permanent life insurance of $150,001 or more will be subject to regular underwriting.

If you answered **YES** to any other question, you are **NOT** eligible for Immediate.

If your request does not meet the above criteria, please refer to the other two simplified issue questionnaires:

**Express Questionnaire for Children**
15 days to 15 years | $10,000 to $150,000

**Express Questionnaire**
Ages 16 to 80 | $10,000 to $150,000

For all other insurance amounts, please refer to the regular underwriting requirements: **Underwriting Requirements Table**

EN-1053A (2024-02)

UV INSURANCE

INDIVIDUAL INSURANCE

# Eligibility Questionnaire
## Simplified Issue | Immediate

EQC092

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

## Section A – Information on the proposed insured

1. Application Nº _____
2. First name _____ Last name _____
3. Date of birth Y Y Y Y M M D D

## Section B — Life Insurance — Express

| | | Yes | No |
|---|---|---|---|
| 1. | In the last twelve (12) months, have you used cigarettes, cigarillos, electronic cigarettes (with or without nicotine), little cigars, pipes, chewing tobacco, shisha, betel nut, nicotine patches, smoking cessation products or tobacco in any other form? | ☐ | ☐ |
| 2. | Are you currently hospitalized or residing in a nursing home or center for persons with loss of autonomy, or do you use a wheelchair or need help or assistance with two or more of the following activities of daily living: bathing, dressing, toileting, continence, mobility, feeding? | ☐ | ☐ |
| 3. | Have you ever been treated for, consulted, or diagnosed with Acquired Immunodeficiency Syndrome (AIDS), an AIDS-related condition, or had an investigation indicating the presence of the human immunodeficiency virus (HIV) or HIV antibodies? | ☐ | ☐ |
| 4. | During the last sixty (60) days: | | |
| | a) Have you been hospitalized (excluding pregnancy-related hospitalizations) or had surgery? | ☐ | ☐ |
| | b) Have you been informed of any abnormal test results? | ☐ | ☐ |
| | c) Have you been advised by a health care professional to have any kind of test, medical investigation or surgery? | ☐ | ☐ |
| 5. | Do you have any symptoms or have you received any abnormal results for which: | | |
| | a) You have not yet consulted a health care professional? | ☐ | ☐ |
| | b) You are currently under investigation or awaiting a diagnosis? | ☐ | ☐ |
| | c) You have been advised by a health care professional to have any tests and/or surgery that has not yet been done? | ☐ | ☐ |
| | d) A doctor or medical specialist has recommended that you have more frequent medical follow-ups than usual? | ☐ | ☐ |
| 6. | In the last ten (10) years, have you consulted, received care, been treated, been diagnosed, had symptoms, or are currently being treated for the following conditions: | | |
| | a) A cancer with metastasis and/or involved lymph node(s), two (2) different types of cancer or a recurrence of a cancer (excluding basal cell carcinoma)? | ☐ | ☐ |
| | b) Cystic fibrosis or a chronic respiratory disease that requires daily oxygen administration (excluding sleep apnea), chronic kidney disease or polycystic kidney disease? | ☐ | ☐ |
| | c) Dementia, Alzheimer's disease, muscular dystrophy, Huntington's disease, amyotrophic lateral sclerosis (ALS) or Parkinson's disease? | ☐ | ☐ |
| | d) Chronic heart failure, cardiomyopathy or heart valve replacement? | ☐ | ☐ |
| | e) Have you been on a waiting list for organ or bone marrow donation or have you received an organ or bone marrow donation (excluding corneal transplants)? | ☐ | ☐ |

EN-1053A (2024-02)

| | Yes | No |
|---|---|---|
| **7.** Have you ever consulted, received care, been treated, diagnosed or had symptoms for the following conditions: | | |
| **a)** A cerebrovascular accident (CVA), transient ischemic attack (TIA), aneurysm or coronary artery disease? | ☐ | ☐ |
| **If yes,** answer questions **i** and **ii** | | |
| **i.** Before the age of 40? | ☐ | ☐ |
| **ii.** In the last three (3) years? | ☐ | ☐ |
| **b)** Coronary artery bypass surgery, angioplasty, stent insertion, a pacemaker or chronic kidney disease? | ☐ | ☐ |
| **If yes,** answer questions **i** and **ii** | | |
| **i.** Before the age of 40? | ☐ | ☐ |
| **ii.** In the last three (3) years? | ☐ | ☐ |
| **c)** Angina or heart attack (myocardial infarction)? | ☐ | ☐ |
| **If yes,** answer questions **i** and **ii** | | |
| **i.** Before the age of 40? | ☐ | ☐ |
| **ii.** In the last three (3) years? | ☐ | ☐ |
| **8.** In the last five (5) years, have you consulted, received care, been treated, been diagnosed, had symptoms or are currently being treated for the following disorders: | | |
| **a)** Chronic liver disease (including but not limited to cirrhosis, fibrosis, hepatitis B or C)? | ☐ | ☐ |
| **b)** Peripheral arterial disease or peripheral vascular disease? | ☐ | ☐ |
| **c)** Leukemia, lymphoma of any type, malignant melanoma, breast, ovarian, cervix, lung or colorectal cancer? | ☐ | ☐ |
| **9.** Do you have diabetes that requires insulin? | ☐ | ☐ |
| **If yes,** answer questions **a)** and **b)** | | |
| **a)** Were you diagnosed with any type of diabetes more than 20 years ago? | ☐ | ☐ |
| **b)** In the last six (6) months, has your diabetes-related medication been adjusted or changed (adding or replacing a medication, increasing or decreasing the prescribed dosage)? | ☐ | ☐ |
| **10.** In the last twenty-four (24) months, have you consulted, received care, been treated, been diagnosed, had symptoms or are you currently undergoing treatment for bipolar disorder, schizophrenia, psychosis, borderline personality disorder, or have you attempted suicide? | ☐ | ☐ |
| **11.** In the last twelve (12) months, excluding an intentional diet, a change in lifestyle, a bariatric surgery or a pregnancy, has your weight decreased by 10% or more? | ☐ | ☐ |
| **12.** In the last six (6) months, did you have a bariatric surgery? | ☐ | ☐ |
| **13.** In the next twelve (12) months, do you plan to travel outside of North America, the Caribbean (excluding Haiti), the United Kingdom or the European Union for a total of more than twelve (12) weeks? | ☐ | ☐ |
| **14.** In the last three (3) years, have you been convicted of a criminal offence or a criminal act (including impaired driving) or have charges of a criminal offence or a criminal act (including impaired driving) been filed against you? | ☐ | ☐ |
| **15.** In the last twenty-four (24) months: | | |
| **a)** Have you used barbiturates, narcotics or opioids that are not prescribed by a health care professional, heroin, cocaine, amphetamines, hallucinogens, steroids, or other illegal drugs or similar narcotics? | ☐ | ☐ |
| **b)** Have you been advised by a health care professional to reduce your use of any drugs (including cannabis) and/or alcohol? | ☐ | ☐ |
| **c)** Have you stayed in a residence for the treatment of drug and/or alcohol abuse? | ☐ | ☐ |

## Section C — Life Insurance — Immediate

**16.** In the last five (5) years, have you consulted, received care, been treated, diagnosed with or had symptoms of the following conditions?

**a)**

| | Angina pectoris | | Heart attack (myocardial infarction) | |
|---|---|---|---|---|
| | Yes | No | Yes | No |
| | ☐ | ☐ | ☐ | ☐ |
| **If yes,** answer these questions: | | | | |
| When was the last episode? | ☐ 0 - 3 years | | ☐ 0 - 3 years | |
| | ☐ 4 - 5 years | | ☐ 4 - 5 years | |
| | **Yes** | **No** | **Yes** | **No** |
| Did you have more than one episode? | ☐ | ☐ | ☐ | ☐ |
| Are you currently suffering from diabetes? | ☐ | ☐ | ☐ | ☐ |

**b)**

| | Cerebrovascular accident (CVA) | | Transient ischemic attack (TIA) | | Aneurysm | | Coronary artery disease | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **If yes,** answer these questions: | | | | | | | | |
| When was the last episode? | ☐ 0 - 3 years | | ☐ 0 - 3 years | | ☐ 0 - 3 years | | ☐ 0 - 3 years | |
| | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| Did you have more than one episode? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Are you currently suffering from diabetes? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**c)**

| | Coronary artery bypass surgery | | Angioplasty | | Insertion of a stent | |
|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **If yes,** answer these questions: | | | | | | |
| When was the last surgical intervention? | ☐ 0 - 3 years | | ☐ 0 - 3 years | | ☐ 0 - 3 years | |
| | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | |
| How many vessels have been affected? | ☐ 1 | | ☐ 1 | | ☐ 1 | |
| | ☐ 2 | | ☐ 2 | | ☐ 2 | |
| | ☐ 3 or more | | ☐ 3 or more | | ☐ 3 or more | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| Have you received a pacemaker due to coronary artery bypass surgery, angioplasty, stent insertion (STENT), or coronary artery disease? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Are you currently suffering from diabetes? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**d)**

| Pacemaker or implantable defibrillator | |
|---|---|
| **Yes** | **No** |
| ☐ | ☐ |

**If yes,** answer these questions:

| | |
|---|---|
| When was the last surgical intervention? | ☐ 0 - 3 years |
| | ☐ 4 - 5 years |
| **Yes** | **No** |
| Have you received a pacemaker or an implantable defibrillator due to coronary artery bypass surgery, angioplasty, stent insertion (STENT), or coronary artery disease? | ☐ ☐ |

| | Yes | No |
|---|---|---|
| **17.** In the last five (5) years, have you consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for any type of cancer (excluding basal cell carcinoma)? | ☐ | ☐ |
| **If yes,** answer questions **a)** and **b)** | | |
| **a)** Was it Thyroid cancer? | ☐ | ☐ |
| **If yes,** answer these questions: | | |
| ▸ Have you received chemotherapy or radiotherapy treatments? | ☐ | ☐ |
| ▸ Have you had one or many affected lymph node(s) and/or metastases? | ☐ | ☐ |
| **b)** Was it Prostatic cancer? | ☐ | ☐ |
| **If yes,** answer these questions: | | |
| ▸ Has the Prostate Specific Antigen (PSA) returned to normal values? | ☐ | ☐ |
| ▸ Have you received chemotherapy or radiotherapy treatments? | ☐ | ☐ |
| ▸ Have you had one or many affected lymph node(s) and/or metastases? | ☐ | ☐ |
| **18.** If you are 30 years old or younger, have you been diagnosed with diabetes (excluding gestational diabetes) or has your healthcare professional recommended regular blood glucose monitoring? | ☐ | ☐ |
| **19.** Do you have diabetes associated with any of the following: coronary artery disease (including but not limited to angina), heart attack (myocardial infarction), coronary artery bypass, angioplasty, stent insertion, peripheral vascular disease, amputation, neuropathy, retinopathy, stroke (CVA) or transient ischemic attack (TIA)? | ☐ | ☐ |
| **20.** In the last three (3) years, have you had an amputation as a result of an illness? | ☐ | ☐ |
| **21.** In the last three (3) months: | | |
| **a)** Has any new medication been added or prescribed or has any existing medication been modified, removed or replaced (including increase or decrease in prescribed dosage) on the advice of a health care professional or have you stopped taking any medication without the advice of a health care professional? | ☐ | ☐ |
| **b)** Have you been on anticoagulant therapy? | ☐ | ☐ |
| **22.** Do you have a family history of any of the following conditions? | | |
| **a)** Polycystic Kidney Disease? | ☐ | ☐ |
| **If yes,** answer the question: | | |
| ▸ Have you undergone an investigation for this disease? | ☐ | ☐ |
| **If yes,** answer the question: | | |
| ▸ Have you been diagnosed with polycystic kidney disease? | ☐ | ☐ |
| **b)** Huntington's disease? | ☐ | ☐ |
| **23.** In the last twenty-four (24) months, has your driver's licence been suspended, revoked, or in the last twelve (12) months, have you committed more than three (3) traffic violations? | ☐ | ☐ |

| | Yes | No |
|---|---|---|
| **24.** During the last five (5) years | | |
| **a)** Have you used barbiturates, narcotics or opioids that are not prescribed by a health care professional, heroin, cocaine, amphetamines, hallucinogens, steroids, or other illegal drugs or similar narcotics? | ☐ | ☐ |
| **b)** Have you stayed in a residence for the treatment of drug and/or alcohol abuse or been advised by a healthcare professional to reduce your consumption of drugs and/or alcohol, including cannabis? | ☐ | ☐ |
| **c)** Have you been convicted of a criminal offence or a criminal act (including impaired driving), or have charges of a criminal offence or criminal act (including impaired driving) been laid against you? | ☐ | ☐ |

**25.** Please indicated your height and weight (in/cm and lb/kg)

Height _____ ☐ ft.in ☐ cm Weight _____ ☐ lb ☐ kg

**Table of constitution for question 25 of the Immediate** (minimum/maximum weight according to height)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Height** | **Feet/inches** | **4' 8" — 4' 10"** | **4' 11" — 5' 1"** | **5' 2" — 5' 4"** | **5' 5" — 5' 7"** | **5' 8" — 5' 10"** | **5' 11" — 6' 1"** | **6' 2" — 6' 4"** | **6' 5" — 6' 7"** |
| | **Meters** | **1,42 — 1,49** | **1,50 — 1,56** | **1,57 — 1,64** | **1,65 — 1,72** | **1,73 — 1,79** | **1,80 — 1,87** | **1,88 — 1,95** | **1,96 — 2,01** |
| **Weight** | **Pounds** | 79 — 190 | 87 — 200 | 94 — 220 | 104 — 240 | 115 — 260 | 125 — 282 | 136 — 305 | 147 — 333 |
| | **Kg** | 36 — 86 | 39 — 91 | 43 — 100 | 47 — 109 | 52 — 118 | 57 — 128 | 61 — 138 | 66 — 151 |

If you are applying for life insurance only and meet all the criteria listed on page 1, you may submit a PDF or paper application found in the Advisor Centre on uvinsurance.ca with this completed questionnaire including **Section E**.

If you are also applying for a Credit Insurance Rider, please continue to the next questionnaire.

## Complete this questionnaire only if you are applying for a Credit Insurance Rider (disability):

If you answered **NO** to **ALL** questions, you are eligible for the Immediate Credit Insurance Rider.

If you answered **YES** to any of the following questions and based on the answers to the sub-questions, the Credit Insurance Rider may be transferred to underwriting and we may ask for additional details: **4-A, 4-B, 4-D, 5-A, 6-A, 6-B, 7, 8-A, 8-B, and 9-A (if decrease in dosage)**. Three decisions will then be possible: accepted, accepted with exclusion, or declined, after a brief analysis. To find out if a question answered **YES** will be transferred to underwriting, please use the questionnaire available within the electronic application from your My Universe portal.

If you answered **YES** to any of the following questions, you are **NOT** eligible for the Immediate Credit Insurance Rider: **1, 2, 3, 4-C, 5-B, 6-C, 6-D, 9-B, 9-C, 10-A, 10-B and 10-C**.

## Section D — Credit Insurance Rider (disability)

| | | Yes | No |
|---|---|---|---|
| 1. | Are you currently working less then 20 hours per week and 9 months per year? To be eligible to the Credit Insurance Rider, you must be employed or self-employed and working full time (or at least 20 hours per week and 9 months per year) or in parental leave from this same work. | ☐ | ☐ |
| 2. | Are you practising an ineligible occupation? **List of ineligible occupations** | ☐ | ☐ |
| 3. | Have you ever consulted, received care, been diagnosed, had symptoms or are you currently being treated for the following disorders: Angina pectoris, heart attack (myocardial infarction), stroke (CVA), transient ischemic attack (TIA), aneurysm, coronary heart disease, coronary artery bypass surgery, angioplasty, insertion of a stent or pacemaker? | ☐ | ☐ |
| 4. | Have you ever consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for any type of cancer (excluding basal cell carcinoma)? | ☐ | ☐ |
| | **If yes,** answer questions **a), b), c)** and **d)** | | |
| | **a)** Date of diagnosis ☐ 0 - 5 years ☐ 6 - 10 years ☐ more than 10 years | | |
| | **b)** Specify the type of cancer: _____ | | |
| | **c)** Have you had metastases and/or affected lymph node(s), two different types of cancer or a recurrence of cancer? | ☐ | ☐ |
| | **d)** Have you received chemotherapy or radiotherapy treatments? | ☐ | ☐ |
| 5. | In the last ten (10) years, have you consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for any of the following disorders: | ☐ | ☐ |
| | **a)** Anxiety, depression, adjustment disorder, chronic fatigue, distress, attention deficit disorder with or without hyperactivity, post-traumatic stress disorder, burnout, panic disorder, eating disorder (including but not limited to anorexia, bulimia)? | ☐ | ☐ |
| | **If yes,** answer the question: | | |
| | ▸ How many episodes have you had? ☐ Only one (1) ☐ 2 - 3 ☐ More than three (3) | | |
| | ▸ Are you still currently under treatment? | ☐ | ☐ |
| | **If not,** answer the question: | | |
| | ▸ How long ago did you stop your treatment? ☐ 0 - 5 years ☐ 6 - 10 years | | |
| | **b)** Schizophrenia, psychosis, suicidal ideation or attempted suicide or any other nervous or psychiatric disorder? | ☐ | ☐ |

**6.** In the last seven (7) years, have you consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for any of the following disorders:

**a)** Back disorder

| | Back disorder (cervical, dorsal, lumbar or lumbosacral spine) | | Degenerative discopathy | | Sprain | | Herniated disc | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **If yes,** answer these questions: | | | | | | | | |
| Date of diagnosis? | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | |
| | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | |
| | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | |
| | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| Do you have any limitations or sequelae? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Has a surgery been performed or is a surgery recommended? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Are you currently undergoing treatment (including but not limited to medication, physiotherapy, massage therapy (other than for wellness), osteopathy, chiropractic, physiotherapy)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Whiplash | | Fracture | | Vertebral misalignment | | Other back disorders Specify: | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **If yes,** answer these questions: | | | | | | | | |
| Date of diagnosis? | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | |
| | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | |
| | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | |
| | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| Do you have any limitations or sequelae? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Has a surgery been performed or is a surgery recommended? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Are you currently undergoing treatment (including but not limited to medication, physiotherapy, massage therapy (other than for wellness), osteopathy, chiropractic, physiotherapy)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**b)** Musculoskeletal disorders

| | Disorders of muscles | | Disorders of bones | | Disorders of joints | | Fracture | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | **If yes,** answer these questions: | | | | | | | |
| Date of diagnosis? | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | |
| | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | |
| | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | |
| | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| Do you have any limitations or sequelae? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Has a surgery been performed or is a surgery recommended? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Are you currently undergoing treatment (including but not limited to medication, physiotherapy, massage therapy (other than for wellness), osteopathy,chiropractic, physiotherapy)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Ligament | | Rheumatism | | Arthritis | | Osteoarthritis | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | **If yes,** answer these questions: | | | | | | | |
| Date du diagnostic ? | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | |
| | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | |
| | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | |
| | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| Do you have any limitations or sequelae? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Has a surgery been performed or is a surgeryrecommended? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Gout | | Osteoporosis | | Fibromyalgia | | Chronic pain syndrome | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | **If yes,** answer these questions: | | | | | | | |
| Date of diagnosis? | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | |
| | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | |
| | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | |
| | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| Do you have any limitations or sequelae? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Has a surgery been performed or is a surgery recommended? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Are you currently undergoing treatment (including but not limited to medication, physiotherapy, massage therapy (other than for wellness), osteopathy, chiropractic, physiotherapy)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

EN-1053A (2024-02)

| | Amputation | | Myasthenia gravis | | Post-polio syndrome | | Other muscuoloskeletal disorders Specify: | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | **If yes,** answer these questions: | | | | | | | |
| Date of diagnoses? | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | | ☐ 0 - 1 year | |
| | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | | ☐ 2 - 3 years | |
| | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | | ☐ 4 - 5 years | |
| | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | | ☐ 6 - 7 years | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Do you have any limitations or sequalae? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Has a surgery been performed or is a surgery recommended? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Are you currently undergoing treatment (including but not limited to medication, physiotherapy, massage therapy (other than for wellness), osteopathy, chiropractic, physiotherapy)? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Yes | No |
|---|---|---|
| **6.** In the last seven (7) years, have you consulted, received care, been treated, been diagnosed, had symptoms or are you currently being treated for any of the following disorders: | | |
| **c)** Type 1 or type 2 diabetes, ulcerative colitis, Crohn's disease, multiple sclerosis, chronic obstructive pulmonary disease (COPD), epilepsy, paralysis? | ☐ | ☐ |
| **d)** Coagulation disorder and/or anticoagulant medication? | ☐ | ☐ |
| **7.** During the last twelve (12) months, have you received any physiotherapy, massage therapy (other than for wellness), osteopathy, physiotherapy, chiropractic, or psychotherapy (other than for welfare purposes) or consulted a social worker? | ☐ | ☐ |

**If yes,** answer the question:

▸ What was/were the condition(s)?

- ☐ Disorders of muscles
- ☐ Disorders of bones
- ☐ Disorders of joints
- ☐ Ligament
- ☐ Back disorders (cervical, dorsal, lumbar, lumbosacral spine)
- ☐ Degenerative disc disease
- ☐ Sprain
- ☐ Herniated disc
- ☐ Whiplash
- ☐ Vertebral misalignment
- ☐ Any other musculoskeletal or spinal disorder
- ☐ Stress
- ☐ Anxiety
- ☐ Burnout
- ☐ Depression
- ☐ Other emotional disorders

| | Yes | No |
|---|---|---|
| **8.** Have you ever made a claim or received a pension, income replacement benefit, compensation following injury, sickness or a handicap? | ☐ | ☐ |

**If yes,** answer questions **a)** and **b)**

**a)** When did this occur?

☐ 0 - 12 months ☐ 13 - 24 months ☐ 25 - 36 months ☐ More than 36 months

**b)** Duration of the disability ?

☐ 0 - 30 days ☐ 31 - 90 days ☐ 91 - 120 days ☐ More than 120 days

| | Yes | No |
|---|---|---|
| **9.** In the last six (6) months: | | |
| **a)** Have one or more prescription drugs been modified (addition or replacement, increase or decrease in dosage? | ☐ | ☐ |
| **If yes** answer the question: | | |
| ▸ Please indicate the change(s): | | |
| ☐ Addition of prescription drug ☐ Replacement on prescription drug | | |
| ☐ Increase in dosage ☐ Decrease in dosage | | |
| **If decrease in dosage,** answer these questions: | | |
| ▸ Was decrease in dosage recommended by a healthcare professional due to poor control of the medical condition or side effects? | ☐ | ☐ |
| ▸ Was the decrease in dosage recommended by a healthcare professional due to fair control of the medical condition? | ☐ | ☐ |
| **b)** Have you stopped taking one or more prescription drugs without being advised to do so by a healthcare professional? | ☐ | ☐ |
| **c)** Have you consulted or been hospitalized at a health-care facility? | ☐ | ☐ |
| **10.** In the last ten (10) years: | | |
| **a)** Have you used any barbiturates, narcotics or opioids not prescribed by a healthcare professional, heroin, cocaine, amphetamines, hallucinogens, steroids, or other illegal drugs or similar narcotics? | ☐ | ☐ |
| **b)** Have you stayed in a residence for the treatment of drug and/or alcohol abuse or been advised by a healthcare professional to reduce your consumption of drugs and/or alcohol, including cannabis? | ☐ | ☐ |
| **c)** Have you been convicted of a criminal offence or a criminal act (including impaired driving), or have charges of a criminal offence or criminal act (including impaired driving) been laid against you? | ☐ | ☐ |

## Section E – Signatures

Print

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** _____
Signature of proposed insured

**X** _____
Signature of owner 1 (if legal entity, authorized signatory)

**X** _____
Signature of owner 2 (if legal entity, authorized signatory)

**X** _____
Signature of advisor

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**.



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