LIFE INSURANCE CHILD RIDER APPLICATION

(USE ONE FORM FOR EACH CHILD)

MUTUAL

OWNER

LAST NAME	FIRST NAME	DATE OF BIRTH YY MM DD	POLICY NUMBER
ADDRESS			

LIFE INSURANCE CHILD RIDER

LAST AND FIRST NAME	DATE OF BIRTH YY MM DD	HEIGHT	WEIGHT	SEX	ACADEMIC LEVEL	AMOUNT
		_____ M/CM _____ FT/IN	_____ KG _____ LB	M ☐ F ☐		$

BENEFICIARY FOR THE CHILD'S INSURANCE

LAST NAME	FIRST NAME	RELATIONSHIP WITH THE INSURED

☐ REVOCABLE ☐ IRREVOCABLE

SUM INSURED IN FORCE FOR THE CHILD	MONTH AND YEAR ISSUED	TYPE OF INSURANCE (LIFE OR OTHER)
$		
$		

CHILD INSURABILITY DECLARATIONS

	YES	NO
1) HAS THE CHILD TO BE INSURED BY THIS APPLICATION BEEN DECLINED, POSTPONED OR MODIFIED IN ANY WAY? **If yes, details, (date, company and reason).**	☐	☐
2) WAS THE CHILD BORN PREMATURELY FOR MORE THAN FOUR WEEKS? **If yes, details (number of gestation weeks at birth)**	☐	☐
3) DOES THE CHILD SUFFER FROM PHYSICAL OR MENTAL IMPAIRMENT OR HAS HAD ANY ILLNESS, IMPAIRMENT OR INJURY THAT HAS REQUIRED A TREATMENT OR A SURGERY? **If yes, details (type of impairment or disorder, starting and end date, treatment, doctor's name and address).**	☐	☐
4) IS THE CHILD CURRENTLY TAKING MEDICATIONS OR WAS HE RECOMMENDED TO FOLLOW A TREATMENT OR TO UNDERGO DIAGNOSTIC TESTS? **If yes, details (name of the medication, dosage, tests, results, treatments, duration, recovering date, after-effect, doctor's name and hospitals consulted).**	☐	☐

5) PROVIDE DATE, REASON, RESULTS OF THE LAST MEDICAL CONSULTATION AND THE DOCTOR'S NAME FOR THE CHILD:

Date: _____ **Reason:** _____

Results: _____ **Name of the doctor:** _____

TO BE COMPLETED ONLY IF THE POLICY INCLUDES THE WAIVER OF PREMIUM ON THE POLICY OWNER OR THE PAYER

Declarations regarding ☐ **the policy owner or** ☐ **the payer** **Occupation:** _____

Since this policy was issued, have the policy owner or the payer:	YES	NO
6) DRANK ALCOHOLIC BEVERAGES OR USED DRUGS? **If yes, details.**	☐	☐
7) CONSULTED A DOCTOR OR OTHER HEALTH PROFESSIONNAL? **If yes, details.**	☐	☐
8) TAKEN OR IS TAKING MEDICATIONS? **If yes, details.**	☐	☐
9) UNDERGONE A TEST OR AN EXAM OR UNDER MEDICAL INVESTIGATION FOR AN ILLNESS, PAIN OR ANY OTHER TROUBLE? **If yes, details.**	☐	☐
10) HAD A DRIVER'S LICENSE REVOKED OR LOST DEMERIT POINTS ON HIS DRIVING RECORDS? **If yes, details.**	☐	☐

FOR ALL AFFIRMATIVE ANSWERS, PLEASE COMPLETE THE FOLLOWING TABLE:

Question No.	Date (YY/MM/DD)	Reason	Results	Appropriate details for the question

AMOUNT PAID WITH THIS APPLICATION $ _____

SIGNATURES ON PAGE 2

ADDITIONNAL INFORMATION

_____

_____

AGREEMENT FOR THE ESTABLISHMENT OF A PERSONAL FILE

To ensure the confidentiality of your personal information including the social insurance number, UL Mutual will establish a file for the purpose of providing you with insurance and other financial services. It will contain all information obtained at the time of the application for insurance and of any insurance claim. The object of the file will be to enable UL Mutual to assess this application, administer any policy that may be issued and appraise any risk or claim.

Only authorized employees will have access to this file. You are entitled to access the personal information in this file and, if applicable, to rectify any inconsistency. To do so, a written request must be sent to UL Mutual Office at 142 Heriot Street, Drummondville (Quebec) J2C 1J8.

AUTHORIZATION TO OBTAIN AND RELEASE PERSONAL INFORMATION TO A THIRD PARTY

In order to assess insurability, maintain our file and claims assessment, we authorize any person or institution holding personal information about us regarding our medical status, our medical history or our eligibility for claims, especially doctors or other practitioners, hospitals, medical clinics or paramedical, laboratory, insurance companies or reinsurers, the Medical Information Bureau, personal information agencies, financial advisors, any financial institution, the owner, our employer or previous employer, the "Commission de santé et sécurité du travail" or other Workmen's Compensation Board, Canada or Quebec Pension Plan, "Société de l'assurance automobile du Quebec" or other Department of Motor Vehicles, "la Régie de l'assurance médicaments du Quebec" or other provincial Health Department, security and investigation agencies, claims and underwriting agencies, prevention, detection and repression of infraction and crime agencies, and transmit it to UL Mutual or its reinsurers upon request.

Likewise, we authorize UL Mutual to transmit to a third party as well as its reinsurers the information. For the same purpose and to gather the same type of information, we also authorize UL Mutual or its reinsurers to request an investigation report about us and to share the information they may have in their possession in other files.

This consent is also valid to gather, use and transmit personal information concerning our minor children. No modification or alteration of this consent will affect its content nor bind the insurer. This consent may also be used for a request for additional insurance or contract modification.

DECLARATION

We, as the proposed insured and policy owner, declare to have examined all the questions included in this application. All answers given were correctly reported and are complete and true. Also, we authorize that the answers form the basis of the insurance contract requested and we understand that any false declaration or omission may void and nullify the insurance contract issued as a result of this application.

We acknowledge that the insurance will take effect upon acceptance of the application by the Company as long as it was accepted without modification, the first premium paid and no change occurred in the insurability of any of the proposed insured since the signature of this application.

We acknowledge to have examined the agreement for the establishment of a personal file.

A photocopy of this agreement shall be as valid as the original.

SIGNATURES

I agree to the establishment of a personal file, I agree to the gathering and the transmission of personal information to third parties and acknowledge having read the declaration above. This application forms an integral part of the above-mentioned policy.

Signed at _____ this _____ day of _____ 20 _____

X _____
PROPOSED INSURED SIGNATURE, IF 14 YEARS OLD AND OLDER

X _____ **X** _____
POLICY OWNER SIGNATURE **WITNESS SIGNATURE**

UL MUTUAL

Notice and Authorisation of Personal Information Disclosure Receipt

Policy Number:
_____

One of the main purposes of UL Mutual, Insurance Company is to provide insurance at a modest cost. The study (evaluation) of the risks is necessary not only to conserve the lowness of this cost but also for each insured to contribute its just part of the cost. For the study of your request, we must obtain information coming from different sources. This information is given to us by your medical exam, if required, and by reports that we can receive from your doctors who treated you and hospitals where you stayed, and by reports containing information of personal nature or relative to your solvency**.**

All information relating to your insurability is treated confidentially; however we may transmit a brief report to Medical Information Bureau, a non-profit organism which carries out an information exchange on behalf of its member life insurance companies. If you submit a life or critical illness insurance request or you submit a claim request to a member company, the Medical Information Bureau (MIB) will provide that company, at its request, with the information it has on you.

If you make a request, the Bureau will provide any information it has on you. If you doubt the accuracy of the information that the Bureau has on you, you may ask for rectification. The address of the Bureau is: Medical Information Bureau: 330, Ave. University, Suite 501, Toronto (Ontario) M5G 1R7 – Tel.: (416) 597-0590.

We can also transmit on request this information to life insurance companies to which you submitted a life insurance or a critical illness, disability or a claim request. The Bureau aims at avoiding to its members and to their carriers of policy of the additional expenses caused by a small number of persons hiding facts relative to their insurability. This information provided by the Bureau may take the insurance company to request an extensive investigation, but the regulations of this one forbid to make the evaluation of a risk on the basis of the information which it supplies. The Bureau is neither a trustee of hospital reports, or doctors, and the information which it possesses does not indicate if a life insurance application was approved at normal rate or with extra premiums, or if it was declined.