



Critical Illness Insurance: Additional Questions

(Questions 7 and 8 only need to be completed if you are applying for the Critical Illness Benefit)

For each affirmative answer given below, please provide details in the table on the previous page (Question 5).

	<table border="0"> <tr> <td colspan="2">Member</td> <td colspan="2">Spouse</td> <td colspan="2">Children</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Member		Spouse		Children		Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member		Spouse		Children															
Yes	No	Yes	No	Yes	No														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

8. FAMILY HISTORY

	Relationship	Date of Birth (MM/DD/YYYY)	Date of Death (MM/DD/YYYY)	Cause of Death	Diagnosis
M	<input type="checkbox"/> Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/> Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III- Confirmation/Authorization

I HEREBY CONFIRM AND AUTHORIZE _____

I AGREE _____ I ACCEPT _____

I UNDERSTAND _____

I AUTHORIZE _____

I ALSO AUTHORIZE _____

I ALSO AUTHORIZE _____

A photocopy of this confirmation/authorization has the same value as the original.

IV- Authorization

I AUTHORIZE _____

A photocopy of this authorization has the same value as the original.

Disclosure

At Industrial Alliance, the personal information we collect concerning you and your dependants is kept in strict confidence and is only used for the purposes you have authorized. Your personal file will be kept at Industrial Alliance's offices.

You have the right to request access to your personal information and, if necessary, correct any inaccurate information. In order to do so, send a written request to the following: Industrial Alliance Insurance and Financial Services Inc., Information Access Officer, 1080 Grande Allée West, PO Box 1907, Station Terminus, Quebec City, Quebec, G1K 7M3.

Access to your personal information will be limited to Industrial Alliance's employees, agents, reinsurers and service providers in the performance of their duties, individuals to whom you have granted access, and persons authorized by law.

For the purposes of audits and administrative reporting, Industrial Alliance may release to your Employer/Policyholder statistical financial information without personal identifiers.

Industrial Alliance may establish a list of its insureds to share information within the Industrial Alliance Group. This will help us serve clients better and determine whether any products and services that the Industrial Alliance Group offers are suitable so we can offer such products and services to them. However, you are entitled to have your name removed from this list by making a written request to this effect to the Information Access Officer, as mentioned above.

Pre-notice from the Medical Information Bureau (Must be detached and kept by the member)
