

Quebec PO Box 790, Station B Montreal, Quebec H3B 3K6 Ontario, Atlantic and Western Provinces 522 University Avenue, Suite 400 Toronto, Ontario M5G 1Y7 EVIDENCE OF INSURABILITY

I- Policyholder's Statement							
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1. What is the reason for completing this form?

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			Member Yes No	Spouse Yes No	Childre Yes N						Member Yes No	Spouse Yes No	Children Yes No
b. F. c. I d. c. E. E. f. T. g. L. h. F. i. E.	Heart disorder or ch High blood pressure rregular pulse Circulatory disorders Blood disorders Fumours or cancer Lung disorder Pleurisy, asthma or sa Mental disorders	, elevated cholesterol or stroke	Yes No	Yes No	Yes N		p. (q. r. s. (t. (u. v. , j	oint disorder o Muscular dystr	oea ers s or gallstonders dular disorde matism, scia or lupus in a	es rs tica, gout, bone,	Yes No	Yes No	Yes No
l. M		other emotional disorders ers, epilepsy or seizure or ulcers]]]	y. I z. <i>i</i> ab. <i>i</i>	Any eye, ear or	r throat diso blems relate	igue syndrome rders d to use of drugs			
5. Pro		or each affirmative answers or other reason. In operation was performed. F	dicate if an		e previo	us qı	Pe	Please printing what duties or fur	nich	Complete	Nam	nes and addre	sses of
no.	name	preventive examination, me treatment and medic	dical advice,		of illness			d not be perfor		recovery		sicians and he	
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7.	- *• .	• • • • • • • • • • • • • • • • • • • •			, 00	1-1-	, America		Member Yes No	•	Children Yes No
8. FAMILY H	ISTORY										
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IV- Autho											
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Disclosu	re	' '	1								
At Industrial Allia	ınce, the personal informa		erning you and you	ur dependants is ke	ept in strict conf	idence and is onl	y used for the p	ourposes you ha	ve authorized	d.	
You have the righ	e will be kept at Industrial at to request access to you vices Inc., Information Ac	r personal informati						en request to the	following: In	dustrial Alliar	nce Insurance
	ersonal information will bons authorized by law.	e limited to Industr	ial Alliance's emplo	yees, agents, reins	surers and servi	ce providers in th	ne performance	of their duties,	individuals to	o whom you	have granted
	of audits and administrat e may establish a list of it	. 0	,	, ,	,						services that

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

effect to the Information Access Officer, as mentioned above.

Critical Illness Insurance: Additional Questions

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