

# A-Z Life Coverage

Application for life insurance

TRAINING ONLY



**Canada**   
Protection Plan®  
From Foresters Financial™

\*The questions on the A-Z Life coverage application are to be asked verbatim.  
This tool is to be used for training purposes only and not to be shared with your Clients.  
It is not to be duplicated or distributed without the written consent of Foresters Financial.

## 02 Owner's International Tax Status

## Application for Life Insurance

Complete only if applying for permanent life insurance.

Are you a U.S. Resident for tax purposes, or a U.S. citizen, and/or a resident of another country for tax purposes? ☐ Yes ☐ No

If YES, provide ..... and/or ..... and .....  
U.S. Tax Identification Number Name of Country(ies) Tax Identification Number(s)

## 03 Eligibility Questions

### LEGEND

Pink - Cancer

Green - CAD

Yellow - Lifestyle

Blue - Diabetes

For all Eligibility Questions, "You" and "Your" refer to the Insured.

Complete these questions for all applications. Then continue to the next section.

1 | Within the last 12 months have you, a. used tobacco or nicotine in any form (excluding 12 cigars or less) or b. vaped or used an electronic cigarette in any form or c. used more than 6 times per week marijuana in any form (excluding CBD oil or edibles)? ☐ Yes ☐ No

If YES, smoker rates apply. → All cigar use up to 12 times per year or marijuana use in any form (excluding cbd oil or edibles) up to 6 times a week = non smoking.

2 | Will premiums be stopped, or coverage be reduced or discontinued, on existing life insurance coverage or an annuity if the insurance applied for in this application is issued? ☐ Yes ☐ No

If YES, state insurer, amount and plan, and complete the Comparison Disclosure Statement or Life Insurance Replacement Declaration required in your province. ....

Insurer ..... Amount ..... Plan .....

3 | Do you want to apply for Guaranteed Acceptance without answering the questions in sections A-F? ☐ Yes ☐ No

If yes, continue to section 4 (Coverage Details). → Answering Yes to this question allows you to skip the eligibility questions and go directly to the Coverage Details.

4 | I understand that in answering the application questions, "treatment" includes, but is not limited to, one or more of the following: ☐ Yes ☐ No

- Advised to take or taking prescription medication, → The use of the word "treatment" in the eligibility questions relies on a YES answer to this question.
- Advised to have or had a procedure or surgery, or
- Investigated with a positive or unknown result.

If no, you can apply for Guaranteed Acceptance. Continue to section 4 (Coverage Details).

## A NO MEDICAL REQUIRED

YES If a question is answered YES in this section, apply for

**Guaranteed Acceptance**  
Maximum \$50,000

NO 2-year deferral, refund of premiums in the first 2 years  
are answered NO, continue to section B

### Height and Weight Table (Section A, Question 8)

| Height                          | Weight            |
|---------------------------------|-------------------|
| 4'8" — 4'10"<br>142 cm — 147 cm | 230 lbs<br>104 kg |
| 4'11" — 5'1"<br>148 cm — 155 cm | 247 lbs<br>112 kg |
| 5'2" — 5'4"<br>156 cm — 163 cm  | 273 lbs<br>124 kg |
| 5'5" — 5'7"<br>164 cm — 170 cm  | 300 lbs<br>136 kg |
| 5'8" — 5'10"<br>171 cm — 178 cm | 328 lbs<br>149 kg |
| 5'11" — 6'1"<br>179 cm — 185 cm | 358 lbs<br>162 kg |
| 6'2" — 6'4"<br>186 cm — 193 cm  | 389 lbs<br>176 kg |
| 6'5" — 6'7"<br>194 cm — 201 cm  | 420 lbs<br>191 kg |

1 | Do you require assistance with 2 or more of the activities of daily living, such as, but not limited to, getting up, walking, bathing, showering, washing, toileting, taking medication, dressing, or feeding? ☐ Yes ☐ No

2 | Are you a resident of a long-term care facility, nursing home, nursing facility or assisted living residence? ☐ Yes ☐ No

3 | Are you bedridden or wheelchair bound, regardless of your place of residence? ☐ Yes ☐ No

4 | Have you ever had or been advised to have an organ or bone marrow transplant (excluding corneal transplant)? ☐ Yes ☐ No

5 | Within the last 60 days, have you been admitted to a hospital for more than 48 consecutive hours (excluding pregnancy)? ☐ Yes ☐ No

6 | Within the last 60 days, have you had or been advised of an abnormal test result that recommended new treatment for an ongoing condition, or led to a new diagnosis, or changed existing treatment? ☐ Yes ☐ No

7 | Have you ever been advised to have surgery or a procedure, or an investigation or diagnostic test of any type (excluding regularly scheduled tests with normal results) or to consult with a medical professional or facility, that has not yet started or been completed or the result of which is not yet known or not yet led to a diagnosis? ☐ Yes ☐ No

8 | Referring to the Height and Weight table for this question, is your weight greater than that shown for your height? ☐ Yes ☐ No

9 | Have you ever tested positive for Human Immunodeficiency Virus (HIV) or do you have, ever had, or had treatment for, Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex (ARC), or a disease or disorder of the immune system excluding lupus, rheumatoid arthritis, or type 1 diabetes? ☐ Yes ☐ No

10 | Do you have or ever had a chronic lung or respiratory condition (excluding sleep apnea), such as, but not limited to, Chronic Obstructive Pulmonary Disease (COPD), emphysema, or pulmonary fibrosis, for which you've been told to use, or requires or required the periodic use of oxygen or a steroid (excluding a steroid for asthma)? ☐ Yes ☐ No

11 | Do you have, ever had, or had treatment for: ☐ Yes ☐ No

- a. metastatic cancer, a recurrence of cancer, or a second diagnosis of cancer (excluding basal cell carcinoma) or
- b. dementia, Alzheimer's, memory loss, Muscular Dystrophy, myotonic dystrophy, Parkinson's disease, Huntington's Chorea or Amyotrophic Lateral Sclerosis (ALS) or
- c. congestive heart failure, systolic or diastolic heart failure or cardiomyopathy?

Any cancers that have spread (metastatic) or had a second occurrence of the same or a different cancer.

☐ Yes ☐ No  
☐ Yes ☐ No

12 | Prior to age 40, have you had treatment for, or had, cardiac chest pain (angina), heart attack (myocardial infarction), coronary artery disease, atherosclerosis, stroke (CVA), transient ischemic attack (TIA), chronic kidney disease, an aneurysm anywhere in your body or had heart bypass surgery, angioplasty, or stent insertion? ☐ Yes ☐ No

Any serious heart, stroke or circulatory issue before age 40.

☐ Yes ☐ No

# LEGEND

■ Pink - Cancer

■ Green - CAD

■ Yellow - Lifestyle

■ Blue - Diabetes

# Application for Life Insurance

**13** | Within the last 12 months, have you:

- a. used a narcotic or barbiturate except as prescribed by a medical professional **or**.....
- b. used heroin, a psychoactive drug, cocaine, crack, methadone, fentanyl, or another similar agent, **or**.....
- c. been in a hospital or facility for management of drug or alcohol dependency?.....

Drug use or drug/alcohol treatment facility within 1 year

☐ Yes ☐ No  
☐ Yes ☐ No

**14** | Within the last 24 months, have you been convicted, incarcerated, on probation or parole, or is a charge pending, or are you awaiting sentencing, for a criminal offence?.....

Criminal charges within the last 2 years.

**15** | Have you ever been diagnosed with a life-threatening, critical, or terminal condition for which a medical professional has estimated that you have a reduced life expectancy?.....

☐ Yes ☐ No

## B

**NO MEDICAL REQUIRED**

**YES** If a question is answered YES in this section, apply for

**Deferred Life**

**Maximum \$75,000**

2-year deferral, refund of premiums with 3% interest in the first 2 years

**NO** are answered NO, continue to section C

**1** | Within the last 2 years, have you had treatment for, or have you had:

- a. cardiac chest pain (angina), heart attack (myocardial infarction), cardiac disease, valvular disease or disorder, heart rhythm disorder, coronary artery disease, atherosclerosis or disorder of a blood vessel, an aneurysm anywhere in your body, stroke (CVA) or transient ischemic attack (TIA) or a pacemaker or defibrillator, or had heart bypass surgery, angioplasty, stent insertion or valve surgery **or**.....
- b. circulatory problems in the legs and/or feet (peripheral vascular, arterial and/or neuropathy)?.....

Any serious heart, stroke or circulatory issue within the last 2 years.

☐ Yes ☐ No  
☐ Yes ☐ No

**2** | Within the last 12 months, have you had treatment for, or have you had, cancer (of any type excluding basal cell carcinoma) or a malignant tumour?.....

Cancer investigation, diagnosis or treatment within the past year.

**3** | Within the last 12 months, have you been in a hospital or other facility for more than 24 consecutive hours for a mental health condition such as, but not limited to, depression, anxiety, or psychosis?.....

☐ Yes ☐ No

**4** | Do you have, ever had, or had treatment for:

- a. chronic kidney disease such as, but not limited to, diabetic nephropathy, polycystic kidney disease (PKD), chronic renal failure at any stage, **or**.....
- b. been advised to be investigated for PKD or have a parental family history of PKD and you have not yet been investigated for PKD?.....

☐ Yes ☐ No

☐ Yes ☐ No

**5** | Within the last 5 years, have you had treatment for, or have you had:

- a. liver disease, such as, but not limited to cirrhosis or hepatitis (excluding hepatitis A and B), **or**.....
- b. chronic or hereditary pancreatitis?.....

☐ Yes ☐ No

☐ Yes ☐ No

**6** | Are you under age 30 and do you have, ever had, or had treatment for, diabetes or treatment for your blood sugar level (excluding gestational diabetes)?.....

Age 29 or under AND diabetic or being investigated for diabetes.

**7** | Do you have, ever had, or had treatment for, diabetes **and** also have or had one or more of the following: coronary artery disease, cardiac chest pain (angina), heart attack (myocardial infarction), stroke (CVA), tingling or burning or loss of sensation in an extremity (neuropathy), peripheral vascular or arterial disease, loss of vision (retinopathy), kidney disease (nephropathy) or had heart bypass surgery, angioplasty, stent insertion or amputation?.....

Comorbidity question. Client **MUST** have BOTH diabetes and ANY of the following conditions.

☐ Yes ☐ No

**8** | Do you have a congenital development disorder such as, but not limited to, Down's Syndrome or Autism?.....

☐ Yes ☐ No

## C

**NO MEDICAL REQUIRED**

**YES** If a question is answered YES in this section, apply for

**Deferred Elite**

**Maximum \$350,000**

1-year deferral, 50% Face Amount in 2nd year

**NO** If ALL questions in this section are answered NO, continue to section D.

**1** | Within the last 5 years, have you had treatment for, or have you had, bipolar disorder, schizophrenia, manic-depression, or psychosis?.....

☐ Yes ☐ No

**2** | Within the last 12 months, have you had a weight loss of 10% or more of your body weight, other than due to intentional dieting?.....

☐ Yes ☐ No

**3** | Within the last 12 months, have you had unexplained blood in your urine or stool?.....

☐ Yes ☐ No

**4** | Within the last 3 years, have you had treatment for, or have you had:

- a. cardiac chest pain (angina), heart attack (myocardial infarction), cardiac disease, valvular disease or disorder, heart rhythm disorder, coronary artery disease, atherosclerosis or disorder of a blood vessel, an aneurysm anywhere in your body, stroke (CVA) or transient ischemic attack (TIA) or a pacemaker or defibrillator, or had heart bypass surgery, angioplasty, stent insertion or valve surgery **or**.....
- b. circulatory problems in the legs and/or feet (peripheral vascular, arterial and/or neuropathy)?.....

Any serious heart, stroke or circulatory issue beyond 2 years but within 3 years.

☐ Yes ☐ No  
☐ Yes ☐ No

**5** | Within the last 5 years, have you had treatment for or received, or been advised to receive, medical advice or counseling for, or to cease or reduce, the use of, alcohol or drugs?.....

Drug or alcohol counseling within 5 years.

## LEGEND

■ Pink - Cancer

■ Green - CAD

■ Yellow - Lifestyle

■ Blue - Diabetes

## Application for Life Insurance

### Height and Weight Table (Section C, Question 13)

| Height                          | Weight            |
|---------------------------------|-------------------|
| 4'8" — 4'10"<br>142 cm — 147 cm | 185 lbs<br>84 kg  |
| 4'11" — 5'1"<br>148 cm — 155 cm | 199 lbs<br>90 kg  |
| 5'2" — 5'4"<br>156 cm — 163 cm  | 215 lbs<br>98 kg  |
| 5'5" — 5'7"<br>164 cm — 170 cm  | 235 lbs<br>107 kg |
| 5'8" — 5'10"<br>171 cm — 178 cm | 260 lbs<br>118 kg |
| 5'11" — 6'1"<br>179 cm — 185 cm | 282 lbs<br>128 kg |
| 6'2" — 6'4"<br>186 cm — 193 cm  | 305 lbs<br>138 kg |
| 6'5" — 6'7"<br>194 cm — 201 cm  | 333 lbs<br>151 kg |

6 | Within the last 5 years, have you:

- used a narcotic or barbiturate except as prescribed by a medical professional **or**
- used heroin, psychoactive drug, cocaine, crack, methadone, fentanyl, or another similar agent **or**
- been in a hospital or facility for management of drug or alcohol dependency?

Drug use or drug/alcohol treatment facility beyond 1 year but within 5 years.

7 | Within the last 3 years, have you had treatment for, or have you had, a chronic lung or respiratory condition (excluding asthma), such as, but not limited to, chronic obstructive pulmonary disease (COPD), emphysema or pulmonary fibrosis?

☐ Yes ☐ No

8 | Within the last 3 years, have you been convicted, incarcerated, on probation or parole, or are you awaiting sentencing, for a criminal offence?

Criminal charges beyond 2 years but within 3 years.

9 | Were you diagnosed with diabetes before age 30 and within the last 12 months had insulin as treatment?

Age 29 or under as diabetic and taken insulin as a treatment within 1 year.

10 | After the age of 40, have you had treatment for, or have you had, a neurological condition such as, but not limited to, multiple sclerosis **or** seizures with loss of consciousness?

11 | Do you have diabetes and within the last 6 months:

- has insulin been advised, or prescribed as a new treatment **or**
- has the prescribed dosage of insulin been increased **or**
- has another form of insulin been added to the treatment plan?

Any newly prescribed or increase to insulin within 6 months.

12 | Within the last 5 years, have you had treatment for, or have you had, cancer (of any type excluding basal cell carcinoma) or a malignant tumour?

Cancer investigation, diagnosis or treatment beyond 1 year but within 5 years.

13 | Referring to the Height and Weight table for this question, is your weight greater than the weight shown for your height?

## D NO MEDICAL REQUIRED

**YES** If a question is answered YES in this section, apply for

**Simplified Elite**  
Maximum \$500,000

**NO** If ALL questions in this section are answered NO, apply for **Simplified Elite OR continue to section E ONLY if you wish to apply for Preferred Plans\* or Preferred Elite Plans\***

\* You may qualify for one of these plans subject to underwriting requirements and approvals.

1 | Within the last 12 months, have you had treatment for, or have you had, multiple sclerosis? ☐ Yes ☐ No

2 | Within the last 12 months, for an ongoing condition, has there been a change in your medication or have you been advised to take or prescribed a new medication? ☐ Yes ☐ No

3 | Within the last 2 years, have you been involved in, or within the next year do you expect or plan to engage in, the operation of an aircraft as a pilot or student pilot (scheduled commercial pilots excluded), or a hazardous sport such as, but not limited to, scuba diving, motor vehicle racing, mountain climbing, back country skiing or sky diving?

ONLY question on hazardous sports or avocations.

4 | Within the last 2 years, has your driver's license been suspended or revoked, or within the last 12 months have you had more than 3 moving violations?

Driving record within the past 2 years OR more than 3 moving violations within the past 12 months.

5 | Within the last 5 years, have you been convicted, incarcerated, on probation or parole, or are you awaiting sentencing for, a criminal offense, or within the last 2 years have you been charged with driving under the influence or impaired driving?

Criminal charges beyond 3 years but within 5 years OR DUI within 2 years.

6 | Do you have, ever had, or had treatment for, cancer (of any type, excluding basal cell carcinoma) or a malignant tumour?

STOP question for anyone with a history of CANCER.

7 | Do you have, ever had, or had treatment for, diabetes (excluding gestational diabetes), or within the last 6 months had an A1c greater than 8.5?

STOP question for anyone with a history of DIABETES.

8 | Of your immediate family (father, mother, brothers, sisters):

- Do **2 or more** of them have, ever had, or had treatment for, cancer, heart disease, stroke (CVA) or transient ischemic attack (TIA), **or**
- Before the age of 60, have any had treatment for, or had, polycystic kidney disease, Huntington's Chorea, or a hereditary disease or disorder?

☐ Yes ☐ No

☐ Yes ☐ No

9 | Do you plan to travel outside North America, the Caribbean, Australia, the United Kingdom, New Zealand, or the European Union countries for more than 12 consecutive weeks in the next 12 months?

STOP question for future travel ONLY and must be greater than 12 CONSECUTIVE weeks.

*If we cannot approve a certificate with information from this application and other information that may be gathered, do you want Guaranteed Acceptance to be issued?*

Please complete this question if your client has answered eligibility questions in Section B, C or D.

☐ Yes ☐ No

**STOP if any serious heart or stroke issue history or significant pre-existing conditions.**

# Important Notices

(Detach and present to Insured)

Respecting your privacy is important to us at Foresters Financial. We will process and maintain your Personal Information in accordance with our Privacy Policy, as well as applicable laws. Your Personal Information will be collected, used and disclosed, on a continuing basis, by Foresters, our employees, reinsurers, agents and representatives, service providers, professional consultants, or any other Authorized Person as defined in the Application, for assessing insurance coverage eligibility, premium amounts and coverage continuation; adjudicating claims, processing payments and responding to inquiries and complaints; supporting Foresters business analysis and operations; record keeping, audit, quality and risk control; verifying identity; preventing, investigating, detecting and reporting fraud and security incidents; providing information about, administering, servicing and offering products, services and member benefits; holding community events and activities and operating Foresters branch network; improving our products and services, underwriting and risk management processes, including through enhanced data analytics, automation and other technological means, and any other purpose as required or permitted by law.

We will restrict access to your Personal Information to our employees, service providers, representatives, affiliates, reinsurers or other Authorized Persons who need the information for the performance of their duties for us and to any person or organization to whom you gave consent. Our employees, service providers, representatives, reinsurers and any of their service providers or other Authorized Persons may be located outside Canada. As such, your Personal Information may be subject to the laws of other jurisdictions and may be disclosed in response to demands or requests from government authorities, courts, or law enforcement in those countries. You may request access to your Personal Information at any time and, when applicable, to have it corrected. You may also ask us not to send you information about our products, services, or member benefits. To do so, please write to: Foresters Financial at 789 Don Mills Road, Toronto, ON, Canada M3C 1T9. To access our most recent Privacy Policy, please visit [foresters.com](http://foresters.com).

## NOTICE REGARDING MIB

Information regarding your insurability will be treated as confidential. The Independent Order of Foresters or its reinsurers may, however, make a brief report thereon to MIB, LLC, which operates an information exchange on behalf of insurance companies that are members of MIB Group Inc. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at \*866-692-6901 or go to its website at [www.mib.com](http://www.mib.com) to request disclosure online. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734 or go to its website at [Canadadisclosure@mib.com](mailto:Canadadisclosure@mib.com).

The Independent Order of Foresters or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

## INSURANCE CONTRACT LIMITATIONS

In the case of suicide, within two years from the issue date of the insurance contract, the benefit is limited to a refund of premiums paid.

- **For Guaranteed Acceptance Life**, if death occurs within two years from the issued date of the insurance contract and is due to non-accidental causes (other than suicide), the death benefit will be equal to the premiums paid.
- **For Deferred Life**, if death occurs within two years from the issued date of the insurance contract and is due to non-accidental causes (other than suicide), the death benefit will be equal to the premiums paid plus 3% interest.
- **For Deferred Elite Life and Deferred Elite Term**, if death occurs within two years from the issued date of the insurance contract and is due to non-accidental causes (other than suicide), the death benefit will be equal, in the first year, to the premiums paid plus 3% interest and, in the second year, to 50% of the face amount.
- **For Accidental Death Benefit**, the benefit payable may be limited by factors such as the Insured's age and the cause of death. Please see your insurance contract for detailed terms and conditions.

The insurance contract that may be issued as a result of this application has important terms and limitations. You should review it carefully as soon as you receive it.

## R E C E I P T

(Detach and present to Owner ONLY if a cheque was provided for payment of the first annual premium.)

The Independent Order of Foresters acknowledges the receipt of \$..... to be applied in payment of the first premium for insurance on the life of .....

This payment meets the requirement to provide the first total premium before the Insurance contract is delivered to the Owner, if this payment is honoured when first presented to the financial institution from which it is to be collected, as one of the conditions to be met for coverage to come into effect as described in the Insurance contract.

If the Insurance contract is not received within six (6) weeks of the date of this receipt, please contact Foresters Financial at the address on the back cover.

Dated at ..... this ..... day of ....., 20.....  
City / Province

The Owner has the right to cancel the Insurance contract issued and receive a full refund of premium paid for it by notifying the Insurer in writing and returning the Insurance contract within 10 days of first receiving it.

506599 CAN (05/26)