

## 200, rue des Commandeurs Lévis (Québec) G6V 6R2

## **Disability Benefit Questionnaire**

Financial centre number		Advisor's number	Contract number		
Na	me of primary insured	I	I		
A	- To be completed for all Mortga	ge Disability Protection application	าร		
Pr	oposed insured				
First name		Last Name	Date of birth (yyy	Date of birth (yyyy/mm/dd)	
Di	sability benefits		1		
1.	Are you filling out this application to cover a loan in the event of disability?  If <b>yes</b> , do you already have disability coverage on this loan?		☐ Yes ☐ No ☐ Yes ☐ No		
	If yes,				
	Name of the company:				
Monthly amount: \$  Grace period:					
	Duration of coverage:		_		
2.	In the past three years, have you had an	y neck, thoracic or lower back pain or were	treated for such pain?	☐ Yes ☐ No	
3.	For truck drivers, please specify the num	ber of kilometres travelled every day:	_		
В	- To be completed for all disabilit	y benefit applications excluding M	lortgage Disability Protec	tion	
Di	sability benefits				
1.	Do you currently have income replacement	ent insurance or are you eligible for a month	ly disability pension?	☐ Yes ☐ No	
	If yes,				
	Name of the company:				
	Monthly amount: \$				
	Grace period:		_		
	Duration of coverage:				
2.	Do you work 12 months a year?			☐ Yes ☐ No	
	If no,				
	Duration:		_		
	Reason:		<u> </u>		
3.	In the past three years, have you had any r	neck, thoracic or lower back pain or were treate	ed for such pain?	☐ Yes ☐ No	
4.	What was your monthly income for the pas	t year?			
	a) Gross employment income (if self-emplo	yed, net earnings): \$			
	b) Rent (net income): \$				
	c) Interest and dividends: \$				
	d) Annuities and other income:\$				
5.	For truck drivers, please specify the num	ber of kilometres travelled every day:	_		
l a	cknowledge and certify that the answers p	provided above are complete and true and I	agree that this information be us	ed for the issue of the policy.	
	X		X		
Da	ate (yyyy/mm/dd) Signatui	re of proposed insured	Signature of witness		

(signature of father, mother or legal guardian, if minor)