

Contract number:

When to use this form

Use this form to round out the information about the insured person's health and lifestyle that has already been provided in the insurance application or in any other change request with evidence of insurability.

i For the purposes of this form, the expression **information about health and lifestyle** means any information that is used to assess the insured person's insurability, such as the person's health status, lifestyle, occupation and place of birth.

Instructions for the representative

- You must complete **section D** below to provide information about the insured person's health and lifestyle **before** or **after the contract is delivered**.
- You must complete the **Policy Delivery Receipt (11155E)** to provide the same type of information **when the contract is being delivered**.

About the information provided on this form

The information provided about the insured person on this form may prevent the contract or requested change from taking effect.

This information is added to the information gathered about the insured person as part of the insurance application process and is used to issue the contract or make the requested change, if applicable. Any incorrect information entered on this form may lead to the cancellation of the contract or the requested change.

A – Who is completing this form

Representative **or** Insurer

Form completion date (yyyy/mm/dd)

If you selected **Representative** above, complete the following fields:

Representative's first name	Representative's last name	Representative code	Field office code
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B – Identification of the insured person

First name

Last name

C – Identification of the policyowner

Policyowner 1 – Individual

First name

Last name

Policyowner 2 – Individual (if applicable)

First name

Last name

Policyowner – Corporation, trust or other entity

Name

Person authorized to sign on behalf of the policyowner – corporation, trust or other entity

First name

Last name

D – Information about health and lifestyle

Complete this section to:

- provide additional information about the insured person's health and lifestyle;
- correct any previously provided information about the insured person's health and lifestyle;
- report a change in the insured person's insurability since the insurance application or change request was signed.

What is a change in insurability?

A change in insurability may include:

- A change in health status
- An illness, disease, disorder, injury, operation or treatment
- A consultation, examination or treatment by any healthcare professional
- A recommendation for a medical appointment or consultation with a healthcare professional that has not yet taken place
- A medical test or recommendation to have a medical test of any kind that has not yet taken place
- An accident
- A change in occupation, tasks or responsibilities
- A change in lifestyle habits:
 - Use of tobacco, nicotine products, alcohol, cannabis, etc.
 - Participation in hazardous sports
 - Travel or stay outside Canada or the United States
- A Highway Safety Code offence (or any offence to other similar laws)
- A Criminal Code offence
- Etc.

D – Information about health and lifestyle (cont.)

Instructions: Please enter the information obtained about the insured person accurately and in its entirety.
