



## **Child Term Benefit Questionnaire**

Proposed Insured:						
(as appears on application)	First	Middle	e	Last		
Relationship to Child(ren): _						
Applicable only to unmarried	l, natural or adopted	child of the P	roposed Insured	l who deper	nds on hi	im/her for his
subsistence. Child's Name	Date of Bir	th	Age		Sex	
(First, Last)	(Month/Day/		- 5-			
					Yes	No
Has any insurance application	on any child been dec	clined, postpon	ed or rated?			
Have any of the children ever r any of the following conditions:					-	
any or the ronowing conditions.				kidney		
	e, pronchopulmonarv c					
cardiac or neurological disease disease, Werding-Hoffman Dis	ease (Infantile Spinal			mune		
cardiac or neurological disease disease, Werding-Hoffman Dis Deficiency (AIDS) or AIDS rela If you have answered "Yes" to	ease (Infantile Spinal l ted complex (ARC)? o any of the question	Muscular Atrop	bhy), Acquired Im I named above, p		ate the cl	hild's name below.
cardiac or neurological disease disease, Werding-Hoffman Dis Deficiency (AIDS) or AIDS rela If you have answered "Yes" to **The child named below is o I declare and agree that: 1. this and all related documents b	ease (Infantile Spinal I ted complex (ARC)? o any of the question excluded from the Cl	Muscular Atrop s for any child hildren's Term	bhy), Acquired Im I named above, p		ate the cl	hild's name below.
cardiac or neurological disease disease, Werding-Hoffman Dis Deficiency (AIDS) or AIDS rela If you have answered "Yes" to **The child named below is of I declare and agree that: 1. this and all related documents to 2. all statements contained herein 3. the insurance coverage qualifie	ease (Infantile Spinal I ted complex (ARC)? o any of the question excluded from the Cl be written in English; are true and complete; a	Muscular Atrop s for any child hildren's Term	bhy), Acquired Im I named above, p n Benefit ''	blease indica		hild's name below.
cardiac or neurological disease disease, Werding-Hoffman Dis Deficiency (AIDS) or AIDS rela <b>If you have answered "Yes" to</b> <b>**The child named below is o</b> I declare and agree that: 1. this and all related documents b 2. all statements contained herein 3. the insurance coverage qualifie Foresters Life Insurance Company Electronic Documents Act (Canada) used only for the purposes we have i owned subsidiary for servicing. All s your personal information to verify its	ease (Infantile Spinal I ted complex (ARC)? o any of the question excluded from the Ct be written in English; are true and complete; a d for commences on the and its duly sponsored an (PIPEDA) and any other dentified and will be conve- uch information will be sa accuracy and completene	Muscular Atrop s for any child hildren's Term and date of this appli applicable privac yed only to the ap feguarded in acc ss and to request	I named above, p I named above, p Benefit " ication provided the ents and brokers adh y legislation of your p plicable department, ordance with applica amendments. Pleas	first premium first premium here to the Per province or terr authorized age able legislation	is paid. sonal Infor ritory. Your ency or sen . You have	mation Protection and personal information v vicing bureau and/or whe
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