HUMANIA ASSURANCE MD®

Group Association Insurance Application Health Declaration

Identification of the insured

Policy Number:

First Name:

Middle Name:

Last Name:

Group Association Insurance Application Health Declaration.
To be eligible for Group Association Insurance, maximum $2,000 per month, the insured must answer "no" to all Admissibility and Insurability Questions. Otherwise, the insured is not eligible for this insurance.

Admissibility and Insurability

Question		Yes	No
1.	In **the past 6 months**, did you have any physical or mental symptoms or discomfort for which you have not yet consulted a health professional?	☐	☐
2.	In **the past 2 years**, did you receive treatment (including the participation in a support group), were you advised to reduce your consumption or seek treatment regarding the use of alcohol or drugs?	☐	☐
3.	Has the person to be insured been diagnosed or consulted a health professional for any of the following conditions:		
	a) Musculoskeletal disorder or symptoms (includes skeleton, muscles and joints) and spinal conditions (resulting in an absence from work of five (5) working days or more during the last twenty-four (24) month);	☐	☐
	b) Alzheimer's Disease;	☐	☐
	c) Thoracic or Abdominal Aortic Aneurysm;	☐	☐
	d) Rheumatoid Arthritis or Psoriatic Arthritis;	☐	☐
	e) Breast Cancer;	☐	☐
	f) Cancer diagnosed in the past 5 years, excluding basal cell carcinoma of the skin and cervical cancer in situ;	☐	☐
	g) Liver Cirrhosis;	☐	☐
	h) Diabetes Mellitus (type 1 or 2);	☐	☐
	i) Epilepsy (Grand mal, attack within 6 months);	☐	☐
	j) Chronic Fatique Syndrome;	☐	☐

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Admissibility and Insurability (cont.)

Question		Yes	No
	k) Fibromyalgia;	☐	☐
	l) Hepatitis (B or C);	☐	☐
	m) Chronic Renal Failure;	☐	☐
	n) Leukemia;	☐	☐
	o) Lymphoma;	☐	☐
	p) Systemic Lupus Erythematosus;	☐	☐
	q) Any disorder of the heart or the blood vessels, stroke, transient ischemic attack, other than functional heart murmur, treated and controlled high blood pressure and treated and controlled cholesterol?	☐	☐
	r) Inflammatory Intestinal Disease (causing the applicant to miss more than fifteen (15) business days of work in the last twenty-four (24) months;	☐	☐
	s) Chronic Obstructive Pulmonary Disease;	☐	☐
	t) Peripheral Vascular Disease;	☐	☐
	u) Chronic Pancreatitis;	☐	☐
	v) Parkison's Disease;	☐	☐
	w) Multiple Sclerosis;	☐	☐
	x) Amyotrophic Lateral Sclerosis;	☐	☐
	y) Acquired Immune Deficiency Syndrome (AIDS);	☐	☐
	z) Myeloproliferative Syndrome;	☐	☐
	aa) Organ Transplants;	☐	☐
	bb) Psychological or Psychiatric Disorders (currently under treatment or having required one year or more of treatment in the past);	☐	☐
4.	Is the person to be insured hospitalized or disabled on the date of signature of this application for Group Association Insurance?	☐	☐
5.	Has the person to be insured ever had, in the past ten (10) years, an application for insurance coverage or reinstatement refused, postponed, or accepted with a change in premium, medical exclusion or reduction in benefit?	☐	☐

Signatures

Exclusion for pre-existing conditions
(applicable for disability benefits in the case of accident and sickness and for the critical illness benefit included).

With regard to any amount granted with the Association Form declaration, no benefit will be payable for a claim relating to an event occurring within (12) months following the effective date of the coverage if the claim is a result of a condition for which the insured consulted a physician, took medication, received medical treatments or was prescribed diagnostic tests in the twelve (12) month period preceding the effective date of coverage.

I, the undersigned, as the proposed Insured, declare that the statements, answers and information provided in this application and in any documents which by agreement form part of this application are complete and true. I understand that any misrepresentation or omission may result in the cancellation of any insurance coverage obtained through this application.

Signed at _____ Date _____

Signature of Representative _____

Signature of the Insured _____

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6