BMO Insurance

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BMO Life Assurance Company
60 Yonge Street, Toronto, ON M5E 1H5
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CHILDREN'S TERM RIDER / PAYOR WAIVER OF PREMIUM QUESTIONNAIRE

☐ Children's Term Rider* ☐ Payor Waiver of Premium (for Universal Life only)

* Only children, stepchildren and legally adopted children of the Proposed Insured, who are between 15 days and up to and including 17 years old on the date of the rider application, are eligible for coverage under the Children's Term Rider.

Proposed Life Insured _____

Name(s) of Children or Policyowner proposed for coverage.

First and Last Name	Relationship to Proposed Insured	Date of Birth dd/mmm/yyyy	Age last Birthday	Height	Weight	Name and Address of Personal Physician	Date & Reason Last Seen
				☐cm ☐ft/in	☐kg ☐lbs		
				☐cm ☐ft/in	☐kg ☐lbs		
				☐cm ☐ft/in	☐kg ☐lbs		

	Yes	No
1. Has anyone proposed for coverage above within the past five years:		
(a) Consulted a physician for any reason; had an electrocardiogram or other diagnostic tests; been in a clinic, hospital or medical facility for observation or treatment?	☐	☐
(b) Been advised to have any diagnostic test, hospitalization or surgery which was not done?	☐	☐
2. Has anyone proposed for coverage above ever had or had indication of:		
(a) Cancer, stroke, heart attack or heart disease?	☐	☐
(b) Diabetes, glandular or thyroid disorder, enlarged lymph nodes, epilepsy, or any mental, nervous or neurological disorder?	☐	☐
(c) Chest pain, angina, high blood pressure, heart murmur or other circulatory or blood disorder?	☐	☐
(d) Kidney, urinary or reproductive disorder, or sexually transmitted disease?	☐	☐
(e) Liver or gastro-intestinal disorder, hepatitis or hepatitis carrier state?	☐	☐
(f) Asthma, emphysema, or other respiratory disorder?	☐	☐
(g) Loss of vision, amputation, deformity, arthritis or other musculo-skeletal disorder?	☐	☐
3. Has anyone proposed for coverage above ever had or been told they have: Acquired Immune Deficiency Syndrome (AIDS), positive HIV test, or any other immunological disorder?	☐	☐
4. Is anyone proposed for coverage above presently taking any medication?	☐	☐
5. Has anyone proposed for coverage above:		
(a) Ever had a request for life or disability insurance declined, postponed, rated, or restricted in any way?	☐	☐
(b) Within the past two years flown or taken instruction as a pilot or engaged in any kind of racing, scuba or sky diving, hang gliding or other hazardous activities or intend to do so?	☐	☐
(c) Within the past five years used amphetamines, narcotics, barbiturates, hallucinogens, or marijuana, or received treatment for drug and alcohol use?	☐	☐
(d) Ever had their driver's licence restricted, revoked or had three or more moving violations within the past three years? If yes, provide drivers licence #_____	☐	☐
(e) Intend to reside or travel outside of Canada for more than four consecutive weeks?	☐	☐

Give full details for all "Yes" answers to questions 1 to 5. Give dates, treatment, duration of illness and names and addresses of all attending physicians and medical facilities.

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	**Date (DD/MMM/YYYY)**	**Signature**
		Proposed Insured X