BMO Insurance

RESET PRINT

BMO Life Assurance Company
60 Yonge Street, Toronto, ON M5E 1H5
1-877-742-5244 • 416-596-4143 Fax

IMMIGRATION AND CITIZENSHIP QUESTIONNAIRE

(TO BE COMPLETED IF PERMANENT RESIDENT STATUS IS PENDING)

Client Name:	Policy Number
1. Date of entry into Canada (dd/mmm/yyyy) dd/mmm/yyyy	2. Social Insurance Number ___ — ___ — ___

	Yes	No
3. Do you intend to remain in Canada?	☐	☐
4. Have you applied for Permanent Resident Status in Canada? **(if yes, please attach a copy of the application)**	☐	☐
5. Have you received confirmation in writing that the status of your application for Permanent Resident status in Canada is "in process" or has been "approved"? **(If yes, please attach a copy of the written confirmation. Note if you have not received written confirmation, please do not proceed as BMO Insurance will not consider your application for insurance. Live-in caregivers are excluded.)**	☐	☐

6. If you are currently residing in Canada as part of a governmental entry program, please identify under which program you have been approved:

- ☐ Live-in Caregiver Program
- ☐ Federal Skilled Worker Program
- ☐ Provincial Nominee Program
- ☐ Federal Skilled Trades Program
- ☐ Canadian Experience Class
- ☐ Other _____

(If you submitted an application under the Provincial Nominee Program, you must attach a copy of the approval in writing from the Government of Canada. Note that if you have not received approval in writing, please do not proceed as BMO Insurance will not consider your application for insurance)

7. Do you currently have a valid Temporary Work Permit/Visa, Extended Work Visa or Open Work Permit? **(Please attach a copy of work permit/visa)**	☐	☐

If yes, please provide the expiry date (dd/mmm/yyyy) _____

(If expiring in the next 3 months please provide a copy of application to renew work permit/visa)

8. What is your present occupation? _____

9. What is the name of your present employer? _____

Signed at (city or town)	Province	Date (dd/mmm/yyyy) dd/mmm/yyyy

Signature of Witness	Signature of Life Insured
X	X

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