

DATA COLLECTION FORM FOR **SIMPLIFIED ISSUE PRODUCTS**



Assumption Life

WHOLE LIFE

Product Name	Coverage Status	Issue Ages	Minimum	Maximum	Sum Insured**	Payment Option
Platinum Protection Whole Life <i>Declaration of insurability starts on page 5</i>	Immediate	18-50	\$10,000	\$750,000	\$	<input type="checkbox"/> Life Pay <input type="checkbox"/> 20-Pay
		51-75	\$10,000	\$500,000	\$	<input type="checkbox"/> Life Pay <input type="checkbox"/> 20-Pay
		76-80	\$10,000	\$250,000	\$	<input type="checkbox"/> Life Pay <input type="checkbox"/> 20-Pay
		81-85	\$10,000	\$250,000	\$	<input type="checkbox"/> Life Pay
Golden Protection Whole Life <i>Declaration of insurability starts on page 7</i>	Immediate	18-75	\$5,000	\$250,000	\$	<input type="checkbox"/> Life Pay <input type="checkbox"/> 20-Pay
		76-80	\$5,000	\$100,000	\$	<input type="checkbox"/> Life Pay <input type="checkbox"/> 20-Pay
		81-85	\$5,000	\$100,000	\$	<input type="checkbox"/> Life Pay
Silver Protection <i>Declaration of insurability starts on page 9</i>	Graded Deferred*	18-75	\$5,000	\$50,000	\$	<input type="checkbox"/> Life Pay <input type="checkbox"/> 20-Pay
		76-80	\$5,000	\$25,000	\$	<input type="checkbox"/> Life Pay <input type="checkbox"/> 20-Pay
		81-85	\$5,000	\$25,000	\$	<input type="checkbox"/> Life Pay
Bronze Protection <i>This is a guaranteed issue product. No declaration of insurability is required for Bronze Protection.</i>	Deferred	18-75	\$5,000	\$50,000	\$	<input type="checkbox"/> Life Pay
		76-80	\$5,000	\$25,000	\$	<input type="checkbox"/> Life Pay

TERM

Product Name	Coverage Status	Issue Ages	Minimum	Maximum	Sum Insured**	Payment Option
Platinum Protection Term <i>Declaration of insurability starts on page 5</i>	Immediate	18-44	\$50,000	\$750,000	\$	<input type="checkbox"/> Term 10 <input type="checkbox"/> Term 20
		45-50	\$25,000	\$750,000	\$	<input type="checkbox"/> Term 10 <input type="checkbox"/> Term 20
		51-70	\$25,000	\$500,000	\$	<input type="checkbox"/> Term 10 <input type="checkbox"/> Term 20
		71-75	\$25,000	\$500,000	\$	<input type="checkbox"/> Term 10
Golden Protection Term <i>Declaration of insurability starts on page 7</i>	Immediate	18-44	\$50,000	\$250,000	\$	<input type="checkbox"/> Term 20
		45-70	\$25,000	\$250,000	\$	<input type="checkbox"/> Term 20

ADDITIONAL BENEFIT RIDERS

Product Name	FRAC (max. age of proposed insured is 69)	AD*** (max. age of proposed insured is 55)	CIB (max. age of proposed insured is 60)
Platinum Protection Whole Life	<input type="checkbox"/> 1 unit <input type="checkbox"/> 2 units	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000
Platinum Protection Term	<input type="checkbox"/> 1 unit <input type="checkbox"/> 2 units	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000
Golden Protection Whole Life	<input type="checkbox"/> 1 unit <input type="checkbox"/> 2 units	N/A	N/A
Golden Protection Term	<input type="checkbox"/> 1 unit <input type="checkbox"/> 2 units	N/A	N/A
Silver Protection	<input type="checkbox"/> 1 unit <input type="checkbox"/> 2 units	N/A	N/A
Bronze Protection	N/A	N/A	N/A

*Graded deferred death benefit is equal to: Premiums paid with interest at 3% per annum if the insured's death is non-accidental and occurs before the 1st policy or rider anniversary. 50% of the sum insured if the insured's death is non-accidental and occurs between the 1st and before the 2nd policy or rider anniversary. 100% of the sum insured if the insured's death is non-accidental and occurs on or after the 2nd policy or rider anniversary.

**Must not exceed the maximum combined amounts for a Simplified Issue policy in force with Assumption Life.

***AD rider amount cannot be greater than the initial sum insured.

Platinum Protection Declaration of Insurability

If you answered "NO" to all 19 questions listed below, you qualify for Platinum Protection.

1. Does your weight exceed the weight corresponding to your height in the following table?

You must obtain the height and weight information of the applicant for Lia, Height _____ Weight _____

Height		Weight		Height		Weight		Height		Weight	
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	192	87	5' 6"	168	247	112	6' 2"	188	310	141
4' 11"	150	198	90	5' 7"	170	254	115	6' 3"	191	318	144
5' 0"	152	205	93	5' 8"	173	262	119	6' 4"	193	326	148
5' 1"	155	212	96	5' 9"	175	270	122	6' 5"	196	334	151
5' 2"	157	219	99	5' 10"	178	278	126	6' 6"	198	342	155
5' 3"	160	226	103	5' 11"	180	286	130	6' 7"	201	350	159
5' 4"	163	233	106	6' 0"	183	294	133	6' 8"	203	358	162
5' 5"	165	240	109	6' 1"	185	302	137	6' 9"	206	366	166

☐ No ☐ Yes

2. Are you currently:

- a) Admitted to a hospital?
- b) Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?

☐ No ☐ Yes

3. In the past 12 months, has your weight decreased by more than 9.08 kg (20 lbs) other than due to pregnancy, a bariatric surgery, intentional dieting, or exercise?

☐ No ☐ Yes

4. In the past 6 months, have you undergone a bariatric surgery?

☐ No ☐ Yes

5. Are you aware of any signs, symptoms, or abnormal medical tests for which:

(You don't need to tell us about common cold or flu symptoms, routine follow-up where there are no new symptoms, or routine prenatal visit.)

- a) You have not yet consulted a physician, or you have consulted a physician without having received a diagnosis?
- b) You are currently being investigated?
- c) You have a pending consultation with a medical specialist? (A pending consultation does not include a routine follow-up, and a medical specialist does not include a general practitioner.)
- d) You have consulted a medical specialist without having received a diagnosis?
- e) You are currently waiting for a surgery (other than a surgery that does not require an overnight hospital stay such as a day surgery/ outpatient surgery)?

☐ No ☐ Yes

6. Have you ever:

- a) Been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?
- b) Had a pacemaker or implantable cardio-defibrillator (ICD) inserted?

☐ No ☐ Yes

7. Have you ever been diagnosed with:

Immune System

- a) AIDS (acquired immune deficiency syndrome) or tested positive for HIV (the virus that causes AIDS)?

Nervous System

- b) Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?

Cardiovascular System

- c) Congestive heart failure?

Gastro-Intestinal System

- d) Cirrhosis of the liver, chronic pancreatitis, or two or more episodes of acute pancreatitis?

Respiratory System

- e) Cystic fibrosis?

Musculoskeletal System

- f) Muscular dystrophy?

☐ No ☐ Yes

8. Have you ever been diagnosed with diabetes (other than gestational diabetes) and ever had any of the following conditions: heart attack (myocardial infarction), angina, cerebrovascular accident (stroke), peripheral vascular/artery disease, gangrene, amputation related to complications of your diabetes (such as poor circulation or infection), hypoglycemic coma, neuropathy, or nephropathy?

☐ No ☐ Yes

9. In the past 10 years, have you:

- a) Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
- b) Been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for cardiomyopathy or hepatitis B or C?
- c) Required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?

☐ No ☐ Yes

Platinum Protection Declaration of Insurability (Continued)

10. In the past 5 years, have you been diagnosed with or hospitalized for:

Nervous System and Mental Health

a) Convulsions, epilepsy, paralysis, multiple sclerosis, or bipolar disorder?

Cardiovascular System

b) Angina or a heart attack (myocardial infarction) or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?

c) Cerebrovascular accident (stroke) or transient ischemic attack (TIA or mini-stroke)?

d) Heart murmur or arrhythmia (irregular heartbeat such as atrial fibrillation/flutter, tachycardia, bradycardia, supraventricular tachycardia, ventricular fibrillation or ectopic beats)?

☐ No ☐ Yes

Gastro-Intestinal System

e) Crohn's disease or ulcerative colitis?

Musculoskeletal System

f) Rheumatoid arthritis?

Genitourinary System

g) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?

11. In the past 5 years, have you been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for any of the following conditions:

Immune System

a) Scleroderma, morphea, crest syndrome, or Systemic Lupus Erythematosus (SLE)?

Nervous System and Mental Health

b) Parkinson's disease, schizophrenia, schizoaffective disorder, or psychosis?

Cancer

c) Leukemia, cancer, lymphoma, or melanoma? You don't need to tell us about basal cell carcinoma.

d) Spinal cord or brain tumor?

☐ No ☐ Yes

12. In the past 2 years, were you prescribed a new medication, received an increase in the dosage in your medication or discontinued a medication for arrhythmia (irregular heartbeat), rheumatoid arthritis, Crohn's disease, ulcerative colitis, epilepsy, multiple sclerosis, or bipolar disorder?

☐ No ☐ Yes

13. In the past 2 years, have you been hospitalized for chronic obstructive pulmonary disease (COPD) or emphysema?

☐ No ☐ Yes

14. In the past 12 months, have you been prescribed oral Prednisone or other oral corticosteroid for any respiratory disorder (such as asthma, pneumonia, tuberculosis, acute and chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, bronchiectasis, occupational respiratory disorder, pulmonary embolism, pulmonary sarcoidosis)? Oral Prednisone or other oral corticosteroid does not include inhalers that may contain Prednisone or another corticosteroid.

☐ No ☐ Yes

Question for insured age 50 or under ONLY

15. Do you have a biological family member (father, mother, brother, sister), who was diagnosed with Huntington's disease or polycystic kidney disease (PKD), and for which you have not been investigated for these diseases?

☐ No ☐ Yes

16. In the past 3 years, have you:

a) Used cannabis (such as marijuana or hashish) more than 10 times per week?

b) Used any other drugs or prescription medications that weren't prescribed to you such as cocaine, LSD, amphetamines, hallucinogens, narcotics, barbiturates, or anabolic steroids? You don't need to tell us about over the counter medications.

c) Been advised by a health professional to discontinue or reduce your consumption of alcohol or drugs, or have you received advice or treatment (including treatment with any prescribed medication) for alcohol or drug abuse?

d) Been incarcerated, on house arrest, on probation, or convicted of a crime or are you currently accused of a crime for which a verdict has not yet been rendered?

e) Been accused or charged with an alcohol or drug-related driving offence or refused a breathalyzer?

☐ No ☐ Yes

17. Is your driver's license currently suspended or revoked as a result of any driving infractions?

☐ No ☐ Yes

18. In the next 12 months, do you expect or plan to engage in any hazardous sports or activities, or aerial flights other than as a fare paying passenger, commercial pilot, or crew member of a commercial flight?

☐ No ☐ Yes

19. In the next 12 months, do you expect or plan to travel outside North America, the Caribbean (excluding Haiti), or Western Europe for more than 12 consecutive weeks?

☐ No ☐ Yes

Golden Protection Declaration of Insurability

If you answered "NO" to all 13 questions listed below, you qualify for Golden Protection.

1. Does your weight exceed the weight corresponding to your height in the following table?

You must obtain the height and weight information of the applicant for Lia, Height _____ Weight _____

Height		Weight		Height		Weight		Height		Weight	
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	206	93	5' 6"	168	264	120	6' 2"	188	330	150
4' 11"	150	213	97	5' 7"	170	272	123	6' 3"	191	339	154
5' 0"	152	220	100	5' 8"	173	280	127	6' 4"	193	348	158
5' 1"	155	227	103	5' 9"	175	288	131	6' 5"	196	357	162
5' 2"	157	234	106	5' 10"	178	296	134	6' 6"	198	366	166
5' 3"	160	241	109	5' 11"	180	304	138	6' 7"	201	375	170
5' 4"	163	248	112	6' 0"	183	312	142	6' 8"	203	384	174
5' 5"	165	256	116	6' 1"	185	321	146	6' 9"	206	393	178

☐ No ☐ Yes

2. Are you currently:

- a) Admitted to a hospital?
 b) Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?

☐ No ☐ Yes

3. In the past 12 months, has your weight decreased by more than 9.08 kg (20 lbs) other than due to pregnancy, a bariatric surgery, intentional dieting, or exercise?

☐ No ☐ Yes

4. In the past 6 months, have you undergone a bariatric surgery?

☐ No ☐ Yes

5. Are you aware of any signs, symptoms, or abnormal medical tests for which:

(You don't need to tell us about common cold or flu symptoms, routine follow-up where there are no new symptoms, or routine prenatal visit.)

- a) You have not yet consulted a physician, or you have consulted a physician without having received a diagnosis?
 b) You are currently being investigated?
 c) You have a pending consultation with a medical specialist? (A pending consultation does not include a routine follow-up, and a medical specialist does not include a general practitioner.)
 d) You have consulted a medical specialist without having received a diagnosis?
 e) You are currently waiting for a surgery (other than a surgery that does not require an overnight hospital stay such as a day surgery/ outpatient surgery)?

☐ No ☐ Yes

6. Have you ever been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?

☐ No ☐ Yes

7. Have you ever been diagnosed with:

Immune System

- a) AIDS (acquired immune deficiency syndrome) or tested positive for HIV (the virus that causes AIDS)?

Nervous System

- b) Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?

Cardiovascular System

- c) Congestive heart failure?

Gastro-Intestinal System

- d) Cirrhosis of the liver, chronic pancreatitis, or two or more episodes of acute pancreatitis?

Respiratory System

- e) Cystic fibrosis?

Musculoskeletal System

- f) Muscular dystrophy?

☐ No ☐ Yes

8. Have you ever been diagnosed with diabetes (other than gestational diabetes) and had any of the following conditions in the past 3 years: heart attack, angina, cerebrovascular accident (stroke), peripheral vascular/artery disease, gangrene, amputation related to complications of your diabetes (such as poor circulation or infection), hypoglycemic coma, neuropathy, or nephropathy?

☐ No ☐ Yes

9. In the past 5 years, have you:

- a) Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?
 b) Been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for cardiomyopathy or hepatitis B or C?
 c) Required the administration of oxygen for a chronic respiratory disorder (other than sleep apnea)?

☐ No ☐ Yes

10. In the past 3 years, have you been diagnosed with or hospitalized for:

Cardiovascular System

- a) Angina or a heart attack (myocardial infarction) or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?
 b) Cerebrovascular accident (stroke)?

☐ No ☐ Yes

Genitourinary System

- c) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?

Golden Protection Declaration of Insurability (Continued)

11. In the past 3 years, have you been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for leukemia, cancer, lymphoma, or melanoma? You don't need to tell us about basal cell carcinoma.	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. In the past 12 months, have you been: <ul style="list-style-type: none"> a) Hospitalized for chronic obstructive pulmonary disease (COPD) or emphysema? b) Prescribed oral Prednisone or other oral corticosteroid for any respiratory disorder (such as asthma, pneumonia, tuberculosis, acute and chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, bronchiectasis, occupational respiratory disorder, pulmonary embolism, pulmonary sarcoidosis)? Oral Prednisone or other oral corticosteroid does not include inhalers that may contain Prednisone or another corticosteroid. 	<input type="checkbox"/> No <input type="checkbox"/> Yes
13. In the past 2 years, have you: <ul style="list-style-type: none"> a) Used cannabis (such as marijuana or hashish) more than 10 times per week? b) Used any other drugs or prescription medications that weren't prescribed to you such as cocaine, LSD, amphetamines, hallucinogens, narcotics, barbiturates, or anabolic steroids? You don't need to tell us about over the counter medications. c) Been advised by a health professional to discontinue or reduce your consumption of alcohol or drugs, or have you received advice or treatment (including treatment with any prescribed medication) for alcohol or drug abuse? d) Been incarcerated, on house arrest, on probation, or convicted of a crime or are you currently accused of a crime for which a verdict has not yet been rendered? e) Been accused or charged with an alcohol or drug-related driving offence or refused a breathalyzer? 	<input type="checkbox"/> No <input type="checkbox"/> Yes

Silver Protection Declaration of Insurability

If you answered "NO" to all 9 questions listed below, you qualify for Silver Protection.

1. Does your weight exceed the weight corresponding to your height in the following table?

You must obtain the height and weight information of the applicant for Lia, Height _____ Weight _____

Height		Weight		Height		Weight		Height		Weight	
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	236	107	5' 6"	168	303	137	6' 2"	188	379	172
4' 11"	150	244	110	5' 7"	170	312	142	6' 3"	191	389	176
5' 0"	152	252	114	5' 8"	173	321	146	6' 4"	193	399	181
5' 1"	155	260	118	5' 9"	175	330	150	6' 5"	196	409	186
5' 2"	157	268	122	5' 10"	178	339	154	6' 6"	198	419	190
5' 3"	160	276	125	5' 11"	180	349	158	6' 7"	201	429	195
5' 4"	163	285	129	6' 0"	183	359	163	6' 8"	203	439	199
5' 5"	165	294	133	6' 1"	185	369	167	6' 9"	206	449	204

☐ No ☐ Yes

2. Are you currently:

a) Admitted to a hospital?

☐ No ☐ Yes

b) Residing or are you on a waiting list to reside in a long-term care facility, nursing home, skilled nursing facility or any other facility requiring care of a skilled staff?

3. Are you aware of any signs, symptoms, or abnormal medical tests for which:

(You don't need to tell us about common cold or flu symptoms, routine follow-up where there are no new symptoms, or routine prenatal visit.)

a) You have not yet consulted a physician, or you have consulted a physician without having received a diagnosis?

b) You are currently being investigated?

c) You have a pending consultation with a medical specialist? (A pending consultation does not include a routine follow-up, and a medical specialist does not include a general practitioner.)

☐ No ☐ Yes

d) You have consulted a medical specialist without having received a diagnosis?

e) You are currently waiting for a surgery (other than a surgery that does not require an overnight hospital stay such as a day surgery/ outpatient surgery)?

4. Have you ever been advised by a physician that you have a terminal illness for which you are currently receiving Palliative or Hospice care or have discussed this type of care with a health professional?

☐ No ☐ Yes

5. Have you ever been diagnosed with:

Immune System

a) AIDS (acquired immune deficiency syndrome) or tested positive for HIV (the virus that causes AIDS)?

Nervous System

b) Huntington's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), Alzheimer's disease, or dementia?

Cardiovascular System

c) Congestive heart failure?

Respiratory System

d) Cystic fibrosis?

Musculoskeletal System

e) Muscular dystrophy?

☐ No ☐ Yes

6. In the past 5 years, have you:

a) Received a bone marrow transplant or an organ transplant (other than a corneal transplant) or were you advised that one was required?

☐ No ☐ Yes

b) Been diagnosed with or hospitalized for cardiomyopathy?

7. In the past 2 years, have you been diagnosed with or hospitalized for:

Cardiovascular System

a) Angina or a heart attack (myocardial infarction) or undergone coronary angioplasty (with or without a stent insertion) or coronary artery bypass surgery?

☐ No ☐ Yes

b) Cerebrovascular accident (stroke)?

Genitourinary System

c) Chronic kidney disease or polycystic kidney disease (PKD) or undergone dialysis?

8. In the past 2 years, have you been diagnosed with, hospitalized for, or received treatment (including treatment with any prescribed medication) for leukemia, cancer, lymphoma, or melanoma? You don't need to tell us about basal cell carcinoma.

☐ No ☐ Yes

9. In the past 12 months, have you been advised by a health professional to discontinue or reduce your consumption of alcohol or drugs, or have you received advice or treatment (including treatment with any prescribed medication) for alcohol or drug abuse?

☐ No ☐ Yes

No declaration of insurability is required for **Bronze Protection**. This is a guaranteed issue product.
Please ensure that all information is filled out and that the product guidelines are followed.