

# SHORT HEALTH STATEMENT

## Disability Due to Accident

BLUE FLEX (FLEX PLAN)  BLUE VISION (GLOBAL PLAN)

### 1 – PERSONAL INFORMATION

#### Primary insured

Last name		First name	
Date of birth (DD-MM-YYYY)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Application number

### 2 – GENERAL INFORMATION

#### Eligibility

- You must be a Canadian Citizen or have been granted landed immigrant status.
- You must work a minimum of 20 hours per week and 8 months per year.

#### Health declaration

1. Have you been treated for, had symptoms or been diagnosed with: chronic degenerative disease, permanent physical or intellectual handicap, or do you have any limitations resulting from an injury or an illness causing limitations in your daily living activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please specify:	
2. Have you ever been on a leave of absence, received disability benefits or any other benefits following an accident or an illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, do you have any after-effects/limitations?	
3. Have you ever had any symptoms or conditions for which you have not yet consulted a doctor, received a treatment for, or have you been advised to undergo tests or a surgery that has not yet been performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please specify:	
4. Have you ever received or been advised to undergo treatment or received counselling for alcohol or drug abuse or are you using drugs or opiates such as cannabis, hashish, cocaine, amphetamines, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please specify the type, quantity and frequency:	
5. In the last two years, have you participated in activities such as car racing, scuba diving, parachuting, ultralight flying, hang gliding, mountain climbing, bungee jumping or any other hazardous sport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please specify:	

#### If you answered yes to any of the questions, please provide details below.

Question No.	Details on diagnosis, treatment, medication and current condition	Date of each occurrence	Duration of symptoms	Duration of absence from work	Names and addresses of doctors and medical establishments

### 3 – DECLARATION

I, the person to be insured, declare that all answers and explanations given in this health statement, and in any other document which by agreement forms an integral part, are true and complete. I understand that any omission or fraudulent statement may result in the cancellation of the insurance contract or rejection of a claim that might otherwise be valid. I also understand that any injury on the date or prior to this application, or any illness for which signs appeared on the date of this application or before are not covered, unless completely disclosed in this health statement.

I request that Canassurance Insurance Company and/or Blue Cross Life Insurance Company of Canada, hereinafter referred to as the Insurer, issue a contract as specified herein.

This declaration offers no guarantee of insurance. The benefits take effect on the date of approval by the Insurer, provided the first premium has been paid in full and no changes in my insurability have occurred since the signing of the application.

Signed in \_\_\_\_\_ (city) this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) \_\_\_\_\_ (year).

\_\_\_\_\_  
Signature of the insured

\_\_\_\_\_  
Signature of the representative

\* No representative is authorized to establish or modify the Insurer's contract, to determine if a person to be insured constitutes an acceptable risk or to waive any right or requirement in the name of the Insurer.

### 4 – WHAT TO FILL OUT IN THE INSURANCE APPLICATIONS

Application for Express and SME plans and Express and Association	Section	Page
Personal information	1.1	1
Policyholder information	2	2
Method of payment	4	2
Pre-authorized debit (PAD) agreement	5	3
Receipt		7
Occupation information	9.1 or 9.2	9
Consent to collect, use and disclose personal information (signature)	10.1	10
Effective insurance	11	11

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