Assumption Life

Disability Insurance Benefit Questionnaire

First Name : _____ Last Name : _____
Policy Number : _____ Date of Birth : _____
Occupation : _____

1. In the past twelve (12) months, has your employment been on a seasonal basis? ☐ Yes ☐ No

2. In the past twelve (12) months, have you been laid off? ☐ Yes ☐ No

3. In the past twelve (12) months, have you been working fewer than 20 hours per week? ☐ Yes ☐ No

4. In the past five (5) years, have you been absent from work due to an injury or sickness for more than five consecutive days? ☐ Yes ☐ No

5. Have you ever applied for or received a disability pension or compensation due to injury, sickness or disability? ☐ Yes ☐ No

6. Do you have a pending application for disability benefits with another company or do you intend to submit one? ☐ Yes ☐ No

   If you have answered "Yes" to any of the preceding questions, please provide details below:

No.	Details (date, duration, reason, current status, physician's name, company name)
___	_____
___	_____
___	_____
___	_____
___	_____
___	_____

7. In the event of disability, would you receive any benefits from another source? ☐ Yes ☐ No
   If yes, complete the following:

Company	Insurance Benefit	Amount per Month	Duration of Payment
_____	_____	_____	_____

8. State your gross income earned during the past three (3) years.

   Year : _____ Income : _____
   Year : _____ Income : _____
   Year : _____ Income : _____

9. Are you receiving an income from any source other than your current employer? ☐ Yes ☐ No
   If yes, complete the following:

Employment	Rentals (net)	Interests and dividends	Annuities and other income	Total
_____	_____	_____	_____	_____

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

_____ _____
Signature of the person to be insured (parent or legal guardian if a minor) Date

Assumption Mutual Life Insurance Company, doing business under the name Assumption Life,
P.O. Box 160/770 Main St., Moncton NB E1C 8L1 Tel. 506-853-6040/1-800-455-7337 Fax 855-230-2500