



Child Term Benefit Questionnaire

Insured: _____
First Middle Last

Relationship to Child (ren): _____

Identify each natural or adopted child of the Insured under 18 years of age.

Child's Name (First, Last)	Date of Birth (Month/Day/Year)	Age	Sex

	Yes	No
Has any child named above ever received medical care, surgical care, or prescribed medications or been investigated for or diagnosed with: cancer, leukemia, aplastic anemia, congenital or hereditary cardiac or neurological disease, bronchopulmonary dysplasia, cystic fibrosis, chronic kidney disease, Werdnig-Hoffmann disease (Infantile Spinal Muscular Atrophy), muscular dystrophy, chronic hepatitis, HIV positive, developmental problems, diabetes or autism?	<input type="checkbox"/>	<input type="checkbox"/>

Has any child named above ever been referred by a physician for a specialist's consultation, been advised to have treatment or been advised to have a diagnostic test, any of which have not yet been completed?	<input type="checkbox"/>	<input type="checkbox"/>
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If you have answered "Yes" to any of the questions for any child named above, please indicate the child's name below. The child named below is excluded from the Child Term Benefit.

I declare and agree that:

1. this and all related documents be written in English;
2. all statements contained herein are true and complete; and
3. The insurance coverage qualified for commences on the date of this questionnaire provided the first premium is paid.

Foresters Life Insurance Company and its duly sponsored and authorized agents and brokers adhere to the Personal Information Protection and Electronic Documents Act (Canada) (PIPEDA) and any other applicable privacy legislation of your province or territory. Your personal information will be used only for the purposes we have identified and will be conveyed only to the applicable department, authorized agency or servicing bureau and/or wholly owned subsidiary for servicing. All such information will be safeguarded in accordance with applicable legislation. You have the right to request access to your personal information to verify its accuracy and completeness and to request amendments. Please submit your request in writing to, Privacy Officer, Foresters Life Insurance Company, 1100 - 250 Ferrand Drive Toronto, ON M7Y 7E1.

Foresters Life Insurance Company may use your personal information to determine other insurance products and services that may meet your needs and to offer them to you. If you do not wish your information to be used for any of these future offerings, check here

or you can write to us at Foresters Life Insurance Company, 1100 - 250 Ferrand Drive Toronto, ON M7Y 7E1 , Attn: Privacy Officer.

Dated at _____ this _____ day of _____, 20_____.

Signature of Insured: _____ Signature of Owner: _____
(If other than Insured)

Advisor: _____ Advisor Code: _____ Advisor Signature: _____