UV INSURANCE

GROUP INSURANCE

Declaration of Insurability

Important: Please print clearly and complete each section as accurately as possible.

Purpose of this declaration

☐ Late enrolment ☐ Optional life ☐ Amount exceeds the maximum without proof of insurability ☐ Other _____

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to proceed with the declaration of insurability.

The personal information collected is used to:

- Identify you
- Establish and update your profile, needs and goals
- Comply with legal and regulatory requirements (in particular to prevent, detect or prosecute offences, cyber threats and fraud)

The information disclosed on this form will be forwarded to the UV Insurance staff responsible for processing the application, as well as to any other person authorized by law.

Section B – Identification of the Insured

1. Employer name _____

2. Group no. _____ Certificate no. _____

3. Insured's first name _____ Last name _____

4. Address _____

City _____ Province _____ Country _____ Postal code _____

5. Sex ☐ M ☐ F **6.** Height _____ ☐ metres ☐ ft. in. **7.** Weight _____ ☐ lbs ☐ kg

8. Date of birth |_ _ _ _|_ _|_ _| **9.** Occupation _____

Section C – Questionnaire

		Yes	No
1.	In the past twelve (12) months, have you used cigarettes, cigarillos, e-cigarettes (with or without nicotine), small cigars, pipe or chewing tobacco, shisha, betel nuts, nicotine transdermal patches, smoking cessation products or tobacco in any other form?	☐	☐
2.	In the past three (3) years, have you flown as a pilot, student pilot, crew member or rescue search team member on any type of aircraft including ultralights, or do you plan to do so in the next twelve (12) months?	☐	☐
3.	In the past three (3) years, have you practised any hazardous sport or do you plan to do so in the next twelve (12) months? Examples include, but are not limited to, scuba diving; parachuting; motor vehicle, motorcycle or boat racing; hang gliding; ultralight flying; mountain or rock climbing.	☐	☐
4.	In the past three (3) years, have you been convicted or charged with a criminal offence (including impaired driving)?	☐	☐
5.	Have you ever applied for life, health, disability or loan insurance that was denied, changed or approved with an additional premium or exclusion?	☐	☐
6.	Have you ever used barbiturates; narcotics or opioids without a prescription from a healthcare professional; heroin; cocaine; amphetamines; hallucinogens; steroids; or other illegal drugs or narcotic analogues? If **Yes**, please specify. Specify the type of drug _____ Quantity (per week/month/year) _____ Date of most recent use |_ _ _ _|_ _|_ _|	☐	☐
7.	Do you use or have you ever used marijuana, cannabis or other similar substances, whether prescribed or not? If **Yes**, please specify. Specify the type _____ Quantity (per week/month/year) _____ Date of most recent use |_ _ _ _|_ _|_ _|	☐	☐
8.	Do you drink alcohol? If **Yes**, please specify: Current type of alcohol ☐ Wine ☐ Beer ☐ Spirits ☐ Other _____ Quantity _____ /week Have you ever consumed more alcohol in the past? If **Yes**, please specify. Specify the quantity _____	☐ ☐	☐ ☐

For each of the diseases checked below, please provide full details in "Section D – Explanations."

9. Have you ever been seen by a healthcare professional, diagnosed with, treated for, experienced symptoms of, or are you currently being treated for any of the following conditions? (Please select all that apply):

☐ Alcohol or drug abuse	☐ Nervous or mental disease	☐ Genital organ disorder
☐ Arthritis or rheumatism	☐ Blood or glandular disease	☐ Kidney or urinary tract disorder
☐ Cancer or tumour	☐ Brain or neurological disorder	☐ Blood vessel disorder
☐ Diabetes	☐ Spinal disorder	☐ Musculoskeletal disorder
☐ High blood pressure	☐ Stomach, intestinal or liver disorder	

Section C – Questionnaire (cont.)

For each affirmative answer to the following questions, please provide full details in "Section D - Explanations."

		Yes	No
10.	Do you have a physical abnormality, deformity, disease or health condition not listed in Question 9?	☐	☐
11.	Have you ever been treated or seen for or diagnosed with Acquired Immunodeficiency Syndrome (AIDS) or an AIDS-related condition, or have you been screened for Human Immunodeficiency Virus (HIV) or HIV antibodies?	☐	☐
12.	In the past five (5) years, have you had an accident or injury?	☐	☐
13.	In the past two (2) years, have you seen a physician, had an examination/test, received treatment or care, followed a diet or taken medication?	☐	☐
14.	In the past 12 months, have you had to take time off work due to illness or injury?	☐	☐
15.	Do you have any symptoms or have you ever had abnormal results for which:		
a)	You have not yet consulted a healthcare professional?	☐	☐
b)	You are currently being screened or are waiting for a diagnosis?	☐	☐
c)	A healthcare professional has recommended that you undergo testing and/or surgery that has not yet been performed?	☐	☐
d)	A doctor or specialist has recommended more frequent follow-up than normal?	☐	☐

Section D – Explanations

Question number	Explanations	Length of illness or dates of hospitalization	Current condition and/or date of full recovery	Name and address of healthcare professionals consulted or medical facilities visited
		to		
		to		
		to		
		to		
		to		
		to		
		to		
		to		

Section E – Consent and Signature

UV Insurance collects personal and medical information from a variety of sources (medical examinations, physicians, hospitals, information agencies, etc.) to assess your insurability, manage claims and maintain records. This information may be shared, where necessary, with third parties such as MIB LLC, an organization that centralizes data for member insurers, as well as with reinsurers and other authorized institutions. The information remains confidential and is only accessible to authorized employees.

By signing, you authorize any healthcare professional, healthcare provider, public or private health or social service institution, insurer or reinsurer, MIB LLC., any investigative agency and any individual or legal entity likely to hold personal information related to your health condition, medical history or lifestyle that is necessary for the reasons stated in the Notice of File Creation to share such information with UV Insurance and its reinsurers.
**This authorization is only valid for the period required to achieve the purposes for which it was requested.*

In addition, by signing you understand that should any of your personal information be inaccurate, incomplete or ambiguous, you may ask for a correction by submitting a request to UV Insurance.

You also have the right to request information about how your personal information is used. In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our **Privacy Policy**.

By signing below, you confirm that you have read and agree to the information in this form.

X _____ _____ Date

Signature | Name of signatory (please print)