Illness questionnaire

EQC046

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to make a decision about your insurance application.

The personal information is used to:

- Identify the individual;
- Establish and update information and the needs of the individual, as appropriate;
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

Section B – Insured's Information

1. Contract # _____
2. First name _____ Last name _____
3. Date of birth Y M D

Section C – Questionnaire

1. What is the name of the illness or medical condition that caused your current condition? _____
2. When did the first symptoms appear? Y M D
3. In your own words, please describe the symptoms:

4. Please provide the date(s) of the consultation, the name of the physician consulted, and the name of the medical facility or clinic.

Date	Physician's name	Name of medical facility or clinic
Y M D		
Y M D		
Y M D		

5. What medical diagnosis was given? _____
6. Please provide the date of the tests performed, their name and the results obtained.

Date	Tests	Results
Y M D		
Y M D		
Y M D		
Y M D		

7. What treatment has been prescribed? _____
8. What medications have been prescribed? _____

Section C – Questionnaire (cont.)

9. Have you had an operation? ☐ Yes ☐ No If **Yes**, please specify the type of surgery and the date of the procedure.

Type of surgery _____ Date Y M D

10. Are you fully recovered? ☐ Yes ☐ No If **No**, please specify:

_____

11. Do you have any permanent scars? ☐ Yes ☐ No If **Yes**, please specify:

_____

12. Will you have further medical consultations? ☐ Yes ☐ No If **Yes**, please specify:

_____

Section F – Consent and Signatures

By signing, you understand that if any of your personal information is inaccurate, incomplete, or ambiguous, you may request a correction by contacting UV Insurance. You also have the right to request information about how your personal information is used.

In addition, the employee may withdraw their consent to the disclosure or use of personal information at any time by contacting 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.**

The undersigned confirms that they have reviewed the above information and agrees to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use, and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

Signatures

By signing below, the undersigned, as the person to be insured, certifies that the information provided is complete and true. The undersigned acknowledges that this information will form part of their application to UV Insurance and that a photocopy of this document has the same value as the original.

Signed in _____ Date Y M D

X _____ _____

Signature of person to be insured | Signatory's name in block letters

X _____ _____

Owner's signature (required if insured under age) | Signatory's name in block letters

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