UV INSURANCE

INDIVIDUAL INSURANCE

High Blood Pressure Questionnaire

EQC057

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. Application or contract # _____
2. Insured's first name _____ Last name _____
3. Date of birth Y M D

Section C – Questionnaire

1. Date of high blood pressure diagnosis Y M D
2. What were the blood pressure readings at the time of diagnosis? _____
3. How long have you been receiving treatment? Y M D
4. Name and dosage of prescription drugs:

5. Do you take your medication regularly? ☐ Yes ☐ No
   If **No**, please specify: _____
6. Please enter the dates and your last 3 blood pressure readings:

Date	Blood pressure
Y M D	
Y M D	
Y M D	

7. Name of the attending physician _____
   Address of the attending physician _____
   City _____ Province _____ Country _____ Postal code _____
8. Frequency of monitoring ☐ 3 months ☐ 6 months ☐ Year ☐ Other _____
   How long have you been receiving treatment? Y M D

Section C – Questionnaire (cont.)

9. Have you had an electrocardiogram? ☐ Yes ☐ No

Date Y M D Result _____

10. Have you ever been hospitalized for high blood pressure? ☐ Yes ☐ No

If **Yes**, enter the date Y M D Location _____

11. Have you had complications such as:

- ☐ Stroke _____
- ☐ Transient ischemic attack _____
- ☐ Numbness _____
- ☐ Paralysis _____
- ☐ Kidney disorders _____
- ☐ Other _____

12. Other relevant comments

Section D – Consent and signature

By signing, you understand that if any of your personal information is inaccurate, incomplete or ambiguous, you may request 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 further details, please visit our website and consult our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree 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.

Signature

By signing below, the undersigned certifies that the information provided is complete and true 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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