



COVID-19 (Coronavirus) Exposure Questionnaire

To be completed when the proposed insured is age 50 or over AND applying for Simplified Elite, Preferred or Express Elite plans.

Insured's Name :

Instructions to Submit:

E-Access ▪ You may attach a copy of this form when submitting the application via E-Access.

OR Email ▪ If submitting separately from the application please email this form to newbusiness@cpp.ca

If the form is signed with a digital signature and not a wet signature, please include a copy of the client's government issued Photo ID with wet signature displayed (i.e. Passport, Driver's Licence, etc.) for verification purposes.

1 | Have you experienced any of the following signs or symptoms within the last 14 days? Yes No

If YES - Check all that apply and additional details.

- | | |
|---|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Persistent cough that has not subsided | <input type="checkbox"/> Nausea, vomiting and/or diarrhea |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Loss of smell or taste |
| <input type="checkbox"/> Flu-like fatigue | |

2 | Have you been advised to be tested for Coronavirus (COVID-19), or are you or have you been in close contact with anyone who has been quarantined for or diagnosed with Coronavirus (COVID-19)? Yes No

If YES - Please provide details including test result and date of exposure.

3 | In the past 21 days have you returned from travel abroad? Yes No

If YES - Please advise date of return to Canada.

Express Elite Only

4 | Are you currently in good health, in relation to COVID-19? Yes No

If NO - Please provide details.

Declaration

I confirm that the answers I have given are true and is a complete disclosure of all information requested in this questionnaire.

I agree that this form will constitute part of my application for insurance and will be relied upon as evidence of insurability that will influence the assessment and acceptance of the application by Foresters Life Insurance Company and that any misrepresentation or failure to disclose any material fact by me may invalidate my insurance.

Signed at _____ on _____ of _____, _____
City, Province Day Month Year

Proposed Insured Signature