Foresters Financial

789 Don Mills Road
Toronto, ON M3C 1T9
Canada

T 800 828 1540
T 416 429 3000
F 877 329 4631

foresters.com

Application to Add Hospital Cash

Section A – Policy Information

Policy Number:	**Life Insured's Name:**	**Date of Birth (MM/DD/YYYY)**
Address:		**Telephone Number**

Section B - Request

Please add a Hospital Cash Rider to the above identified policy to be effective once underwriting is completed and this application is approved.

Amount: ☐ **$25/day** ☐ **$50/day** ☐ **$100/day**

If ANY question in this section "Determining Eligibility for Coverage" is answered "Yes", coverage is NOT available	**Yes**	**No**
1. Within the past THREE YEARS, have you had or been treated for:		
a) heart failure or peripheral vascular disease?	☐	☐
b) cancer or malignant tumour?	☐	☐
c) unusual chronic infection or Immune System abnormality including HIV/AIDS?	☐	☐
d) an incurable terminal illness?	☐	☐
e) organ transplant?	☐	☐
2. Are you currently hospitalized or confined to a nursing facility?	☐	☐
3. Within the past TWO YEARS, have you had or been treated for:		
a) heart attack, stroke, bypass surgery or coronary artery disease requiring hospitalization?	☐	☐
b) angina or severe chest pains requiring hospitalization?	☐	☐
c) high blood pressure not controlled by medication and/or a doctor?	☐	☐
d) serious blood disorders such as hemophilia, thrombocytopenia or serious anemia?	☐	☐
e) chronic respiratory condition which required the administration of oxygen?	☐	☐
f) chronic kidney disease?	☐	☐
g) chronic liver disease such as hepatitis B or C and cirrhosis?	☐	☐
h) Alzheimer's disease, dementia, multiple sclerosis or suicide attempts?	☐	☐
i) alcoholism or drug addiction?	☐	☐
j) diabetes requiring daily insulin injections?	☐	☐
4. Within the past TWO YEARS, have you applied for life insurance, which has been declined or postponed?	☐	☐
5. Within the past SIX MONTHS, have you had any medical tests done for which a diagnosis has not yet been reached?	☐	☐

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Section C

Declaration and Authorization

I declare and agree that:

All statements, representations and answers provided, together with any other additional evidence as may be required by Foresters Life Insurance Company (the "Company"), are true, full and complete, and are a consideration for and a basis of the change being requested. I understand that if I do not fully, completely and truthfully answer the above questions (if I misrepresent my answers or statements), the Company may void the policy.

I authorize any licensed physician, medical practitioner, hospital, clinic, MIB Inc. or other medical or medically related facility, insurance company, or other organization, institution or person, that has any records or knowledge of me or my health, to give to the Company or its reinsurer(s) any such information.

A photocopy of this authorization shall be as valid as the original.

I authorize the Company to make a brief report about my health to MIB Inc., even if this application is cancelled or withdrawn.

Location signed (City & Province)	**Date (MM/DD/YYYY)**	**Signatures**
		Life Insured
		Owner (if other than Life Insured)
		Witness/Agent

Notice Regarding MIB

Information regarding your insurability will be treated as confidential. We, or our reinsurers may, however make a brief report on it to MIB Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life, disability or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply that company with the information about you in its file. If you question the accuracy of the information about you in the MIB file, you may contact MIB and seek a correction. The address of MIB's information office is: MIB, 330 University Avenue, Toronto, Ontario M5G 1R7. Its telephone number is (416) 597-0590 and website is www.mib.com