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 FOR CHANGE TO NON-SMOKER RATES

POLICY INFORMATION

Section A

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

Section B

	Yes	**No**
Question 1 • **If your policy number begins with CP, CC, CS, DH MH, or ET** Within the past 12 months, have you used by any means, a substance or product containing tobacco or nicotine (excluding cigars), or have you smoked (including electronic vaporizer or "vaping") marijuana more than four times per week? • **If your policy number begins with CT** Within the past 24 months, have you used a substance or product containing tobacco, nicotine or marijuana? If answered 'Yes', please indicate substance or product type(s) and when did you last use? _____ _____	☐ ☐	☐ ☐
Question 2 Preferred Elite Plans Only • Within the past 24 months, have you used by any means (including electronic vaporizer or "vaping"), a substance or product containing tobacco, nicotine or marijuana? If YES, smoker rates applicable**.** _____	☐	☐
Question 3 Since applying for this policy, have you: (a) Had or been treated for any medical condition(s)? (b) Consulted a physician other than for routine medical exams, received any medical treatment, undergone any medical tests (electrocardiogram, x-ray, blood or other diagnostic tests) or taken medication? **If any 'Yes' answers to question 3 or 4, please provide details below in Section C**	☐ ☐	☐ ☐
Question 4 Have you had any medical tests for which a diagnosis has not yet been reached? **If any 'Yes' answers to question 3 or 4, please provide details below in Section C**	☐	☐
Question 5 What is your height and weight? _____ (ft/cms) _____ (lbs/kilos) Has your weight changed in the past year? If answered 'Yes', please provide details: _____	☐	☐

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Section C

If any 'Yes' answers to question 3 or 4 above, please provide details below.

Nature of disorder, test or investigation	Date	Duration of disorder	Results and current status	Name of attending physician or medical facility

Section D

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, 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 Foresters Life Insurance Company or its reinsurer(s) any such information.

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

I authorize Foresters Life Insurance 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

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NOTICE REGARDING MIB (Applicable for Policies with prefixes CP, CS, DH MH or ET only)

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