

Canada Protection Plan™

Application for Life Insurance



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*The questions on the Canada Protection Plan application are to be asked verbatim.
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Complete only if applying for permanent life insurance.

Are you a U.S. Resident for tax purposes, or a U.S. citizen, and/or a resident of another country for tax purposes? Yes No

If YES, provide and/or and
 U.S. Tax Identification Number Name of Country(ies) Tax Identification Number(s)

03 Eligibility Questions

LEGEND ■ Pink - Cancer ■ Green - CAD ■ Yellow - Lifestyle ■ Blue - Diabetes

For all Eligibility Questions, "You" and "Your" refer to the Insured.

Complete these questions for all applications. Then continue to the next section.

1 | Within the last 12 months have you, a. used tobacco or nicotine in any form (excluding 12 cigars or less) or b. vaped or used an electronic cigarette in any form or c. used, more than 6 times per week, marijuana in any form (excluding CBD oil or edibles)? Yes No

If YES, smoker rates apply. All cigar use up to 12 times per year or marijuana use in any form (excluding cbd oil or edibles) up to 6 times a week = non smoking

2 | Will premiums be stopped, or coverage be reduced or discontinued, on existing life insurance coverage or an annuity if the insurance applied for in this application is issued? Yes No

If YES, state insurer, amount and plan, and complete the Comparison Disclosure Statement or Life Insurance Replacement Declaration required in your province. Yes No

Insurer Amount Plan

A **NO MEDICAL REQUIRED**

YES If a question is answered YES in this section, apply for **Guaranteed Acceptance Life Maximum \$50,000** 2-year deferral

NO If ALL NO answers are provided, continue to section B

Height and Weight Table (Section A, Question 7)

Height	Weight
4'8" — 4'10" 142 cm — 147 cm	230 lbs 104 kg
4'11" — 5'1" 148 cm — 155 cm	247 lbs 112 kg
5'2" — 5'4" 156 cm — 163 cm	273 lbs 124 kg
5'5" — 5'7" 164 cm — 170 cm	300 lbs 136 kg
5'8" — 5'10" 171 cm — 178 cm	328 lbs 149 kg
5'11" — 6'1" 179 cm — 185 cm	358 lbs 162 kg
6'2" — 6'4" 186 cm — 193 cm	389 lbs 176 kg
6'5" — 6'7" 194 cm — 201 cm	420 lbs 191 kg

1 | Do you require assistance with 2 or more of the activities of daily living, such as, but not limited to, getting up, walking, bathing, showering, washing, toileting, taking medication, dressing or feeding? Yes No

2 | Are you a resident of a long-term care facility, nursing home, nursing facility or assisted living residence? Yes No

3 | Are you bedridden or wheelchair bound, regardless of your place of residence? Yes No

4 | Have you ever been advised to receive, or are you on a waiting list for, or are you the recipient of, an organ or bone marrow transplant (excluding corneal transplant)? Yes No

5 | Within the last 60 days, have you been admitted to a hospital for more than 48 consecutive hours (excluding pregnancy)? Yes No

6 | a. Have you ever been advised to have surgery or a procedure, or an investigation or diagnostic test of any type (excluding annual tests with normal results), or to consult with a medical professional or facility, that has not yet started or been completed or the result of which is not yet known, or Yes No
 b. have you ever not followed treatment or not taken medication advised or prescribed by a medical professional, or Yes No

c. within the last 60 days have you had or been advised of an abnormal test result that changed existing treatment or resulted in new treatment for an ongoing condition? Yes No

7 | Referring to the Height and Weight table for this question, is your weight greater than that indicated for your height? Yes No

8 | Have you ever tested positive for Human Immunodeficiency Virus (HIV) or had or been told you have, or been treated for, Acquired Immunodeficiency Syndrome (AIDS), Aids Related Complex (ARC), or a disease or disorder of the immune system excluding lupus, rheumatoid arthritis or type 1 diabetes? Yes No

9 | Have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for: Yes No

a. metastatic cancer, a recurrence of cancer, or a second diagnosis of cancer (excluding basal cell carcinoma) or Yes No
 b. a chronic lung or respiratory condition (excluding sleep apnea), such as, but not limited to, Chronic Obstructive Pulmonary Disease (COPD), emphysema, or pulmonary fibrosis, which requires or required the periodic use of oxygen, or the use of a steroid (excluding steroid treatment for asthma) or Yes No

c. dementia, Alzheimer's, memory loss, Muscular Dystrophy, myotonic dystrophy, Parkinson's disease, Huntington's Chorea or Amyotrophic Lateral Sclerosis (ALS) or Yes No
 d. congestive heart failure, systolic or diastolic heart failure or cardiomyopathy? Yes No

Any cancers that have spread (metastatic) or had a second occurrence of the same or a different cancer

10 | Prior to age 40, have you had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for cardiac chest pain (angina), heart attack (myocardial infarction), coronary artery disease, atherosclerosis, stroke (CVA), transient ischemic attack (TIA), chronic kidney disease, an aneurysm anywhere in your body or had heart bypass surgery, angioplasty or stent insertion? Yes No

Any serious heart or stroke issue before age 40

11 | Within the last 12 months, have you:

a. used (except as prescribed by a medical professional) a narcotic or barbiturate or Yes No

b. used (whether prescribed by a medical professional or not) heroin, a psychoactive drug, cocaine, crack, methadone, fentanyl or another similar agent or Yes No

c. been in a hospital or facility for drug or alcohol treatment? Yes No

12 | Within the last 24 months, have you been convicted, incarcerated, on probation or parole, or is a charge pending or are you awaiting sentencing, for a criminal offence? Yes No

13 | Have you ever been diagnosed with a life threatening, critical, or terminal condition for which a medical professional has estimated that you have a reduced life expectancy? Yes No

B **NO MEDICAL REQUIRED**

YES If a question is answered YES in this section, apply for **Deferred Life** Maximum \$75,000 **2-year deferral**

NO If ALL NO answers are provided, continue to section C

1 | Within the last 2 years, have you had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication, or had surgery or a procedure for:

a. cardiac chest pain (angina), heart attack (myocardial infarction), cardiac disease, valvular disease or disorder, heart rhythm disorder, coronary artery disease, atherosclerosis or disorder of a blood vessel, an aneurysm anywhere in your body, stroke (CVA) or transient ischemic attack (TIA) or a pacemaker or defibrillator, or had heart bypass surgery, angioplasty, stent insertion or valve surgery or Yes No

b. circulatory problems in the legs and/or feet (peripheral vascular, arterial and/or neuropathy)? Yes No

2 | Within the last 12 months, have you had or been told you have, or been investigated (with a positive or unknown result) or treated for, cancer (of any type excluding basal cell carcinoma), an abnormal growth or a malignant tumour? Yes No

3 | Have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for:

a. chronic kidney disease such as, but not limited to, diabetic nephropathy, polycystic kidney disease (PKD), chronic renal failure at any stage, or been advised to be investigated for PKD or Yes No

b. have a parental family history of PKD and you have not yet been investigated for PKD or Yes No

c. liver disease such as, but not limited to, cirrhosis or hepatitis (excluding hepatitis A and B) or Yes No

d. chronic or hereditary pancreatitis? Yes No

4 | Within the last 12 months, have you been in a hospital or other facility for more than 24 consecutive hours for a mental health condition such as, but not limited to, depression, anxiety or psychosis? Yes No

5 | Are you age 29 or under and have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for diabetes or your blood sugar level (excluding gestational diabetes)? Yes No

6 | Have you ever had or been told you have, or been investigated (with a positive or unknown result), or treated, or taken medication, or advised to take or prescribed medication for diabetes and any of the following: coronary artery disease, cardiac chest pain (angina), heart attack (myocardial infarction), stroke (CVA), tingling or burning or loss of sensation in an extremity (neuropathy), peripheral vascular or arterial disease, loss of vision (retinopathy), kidney disease (nephropathy), or had heart bypass surgery, angioplasty, stent insertion or amputation? Yes No

7 | Do you have a congenital development disorder such as, but not limited to, Down's Syndrome or Autism? Yes No

C **NO MEDICAL REQUIRED**

YES If a question is answered YES in this section, apply for **Deferred Elite Plans** Maximum \$350,000 **1-year deferral, 50% Face Amount in 2nd year**

NO If ALL NO answers are provided, continue to section D

1 | Have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for bipolar disorder, schizophrenia, manic-depression or psychosis? Yes No

2 | Within the last 5 years, have you been treated or received medical advice or counseling for, or been advised to seek treatment for, or to cease or reduce, the use of alcohol or drugs? Yes No

3 | Within the last 5 years, have you:

a. used (except as prescribed by a medical professional) a narcotic or barbiturate or Yes No

b. used (whether prescribed by a medical professional or not) heroin, psychoactive drug, cocaine, crack, methadone, fentanyl or another similar agent or Yes No

c. been in a hospital or facility for drug or alcohol treatment? Yes No

4 | Within the last 5 years, have you had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for a chronic lung or respiratory condition (excluding asthma) such as, but not limited to, chronic obstructive pulmonary disease (COPD), emphysema or pulmonary fibrosis? Yes No

5 | Within the last 5 years, have you been convicted, incarcerated, on probation or parole, or are you awaiting sentencing, for a criminal offence? Yes No

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Height and Weight Table
(Section C, Question 14)

Height	Weight
4'8" — 4'10" 142 cm — 147 cm	79 — 185 lbs 36 — 84 kg
4'11" — 5'1" 148 cm — 155 cm	87 — 199 lbs 39 — 90 kg
5'2" — 5'4" 156 cm — 163 cm	94 — 215 lbs 43 — 98 kg
5'5" — 5'7" 164 cm — 170 cm	104 — 235 lbs 47 — 107 kg
5'8" — 5'10" 171 cm — 178 cm	115 — 260 lbs 52 — 118 kg
5'11" — 6'1" 179 cm — 185 cm	125 — 282 lbs 57 — 128 kg
6'2" — 6'4" 186 cm — 193 cm	139 — 305 lbs 63 — 138 kg
6'5" — 6'7" 194 cm — 201 cm	149 — 333 lbs 68 — 151 kg

6 | After the age of 40, have you had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication for a neurological condition such as, but not limited to, a. epilepsy or b. multiple sclerosis or c. seizures with loss of consciousness? Yes No

7 | Within the last 4 years, have you had or been told you have, or been investigated (with a positive or unknown result) or treated, or taken medication, or been advised to take or prescribed medication, or had surgery or a procedure for:
 a. cardiac chest pain (angina), heart attack (myocardial infarction), cardiac disease, valvular disease or disorder, heart rhythm disorder, coronary artery disease, atherosclerosis or disorder of a blood vessel, an aneurysm anywhere in your body, stroke (CVA) or transient ischemic attack (TIA) or a pacemaker or defibrillator, or had heart bypass surgery, angioplasty, stent insertion or valve surgery or
 b. circulatory problems in the legs and/or feet (peripheral vascular, arterial and/or neuropathy)? Any serious heart or stroke issue beyond 2 years but within 4 years
Yes No

8 | Do you have diabetes that was diagnosed at age 39 or under and within the last 12 months have you taken insulin or been advised to take or prescribed insulin or medication for diabetes? Age 39 or under as diabetic and taken insulin within 1 year

9 | Do you have diabetes and within the last 6 months:
 a. has insulin been advised or prescribed as a new treatment or
 b. has the prescribed dosage of insulin been increased or
 c. has another form of insulin been added to the treatment plan? Any newly prescribed or increase to insulin within 6 months

10 | Do you plan to travel outside North America, the Caribbean, Australia, the United Kingdom, New Zealand or the European Union countries for more than 12 consecutive weeks in the next 12 months? ONLY travel question. Future travel ONLY and must be 12 CONSECUTIVE weeks Yes No

11 | Within the last 12 months, have you had a weight loss of 10% or more of your body weight, other than due to intentional dieting? Yes No

12 | Within the last 12 months, have you had unexplained blood in your urine or stool? Yes No

13 | Within the last 10 years, have you had or been told you have, or been investigated (with a positive or unknown result) or treated for, cancer (of any type excluding basal cell carcinoma), an abnormal growth or a malignant tumour? Cancer beyond 1 year but within 10 years

14 | Referring to the Height and Weight table for this question, is your weight outside the range indicated for your height? (For females, deduct 5 lbs. or 3 kg from the lower range for the given height) Yes No

D NO MEDICAL REQUIRED

YES If a question is answered YES in this section, apply for **Simplified Elite Plans** Maximum \$500,000

NO If ALL NO answers are provided, **continue to section E ONLY** if you wish to apply for

Preferred Plans*
Preferred Elite Plans*

* You may qualify for one of these plans subject to underwriting requirements and approvals.

1 | Within the last 12 months, have you had or been told you have, or been investigated (with a positive or unknown result) or treated for, multiple sclerosis? Yes No

2 | Have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated for, cancer (of any type, excluding basal cell carcinoma), an abnormal growth or a malignant tumour? STOP question for anyone with a history of CANCER

3 | Have you ever had or been told you have, or been investigated (with a positive or unknown result) or treated for, diabetes (excluding gestational diabetes) or within the last 6 months had an A1C greater than 8.5? STOP question for anyone with a history of DIABETES

4 | Within the last 12 months, has there been a change in your medication (increased or decreased), or have you been advised to take or prescribed a new medication for an ongoing condition? Yes No

5 | Within the last 10 years, have you been convicted, incarcerated, on probation or parole, or are you awaiting sentencing for, a criminal offense, or within the last 2 years have you been charged with driving under the influence or impaired driving? Criminal charges beyond 5 years but within 10 years OR DUI within 2 years

6 | Within the last 2 years, have you been involved in, or do you plan to do so within the next year, the operation of an aircraft as a pilot or student pilot (scheduled commercial pilots excluded), or a hazardous sport such as, but not limited to, scuba diving, motor vehicle racing, mountain climbing, back country skiing or sky diving? ONLY question on hazardous sports

7 | Within the last 2 years, has your driver's license been suspended or revoked, or within the last 12 months have you had more than 3 moving violations? Driving record within the past 2 years OR more than 3 moving violations within the past 12 months

8 | Have 2 or more members of your immediate family (father, mother, brothers, sisters) ever had, or been treated for, or diagnosed with, cancer, heart disease, stroke (CVA) or transient ischemic attack (TIA), or has any member of your immediate family, before the age of 60, been treated for or diagnosed with polycystic kidney disease, Huntington's Chorea, or a hereditary disease or disorder? Yes No

STOP if any serious heart or stroke issue history or significant pre-existing conditions