

Consumer Loan Insurance

Personal Line of Credit and Personal Loan

Health declaration

Answering "Yes" to one of the questions does not mean coverage will be automatically declined. If in doubt, please check "Yes", and a representative of National Bank Life Insurance Company will contact you to complete a detailed questionnaire.

a) In the past 3 years:

Have you consulted, had a follow-up or been treated by a physician or another health care professional, or have you taken medication for or had symptoms related to or do you suffer from any of the following health problems?

- > heart or circulatory disorders
- > stroke
- > chest pains or angina
- > blood pressure disorders
- > muscular dystrophy
- > multiple sclerosis
- > Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or any other disease or disorder of the immune system
- > tumour or cancer
- > digestive problems
- > liver disorders
- > intestinal disorders
- > kidney disorders
- > urinary tract disorder
- > lung or respiratory disorders (including sleep apnea)
- > genital, prostate or breast disorders
- > neurological disorders
- > diabetes or glucose intolerance
- > psychological or psychiatric disorders (including depression, anxiety, adjustment disorder, etc.)

Yes
 No

And for any of the following problems, only if you are applying for disability insurance:

- > fibromyalgia or chronic fatigue syndrome
- > neck, back or spinal column problems
- > carpal tunnel
- > muscle, joint or bone disorders (including sprains, tendonitis, bursitis, capsulitis, etc.)

Have you used drugs (including marijuana)? Have you used narcotics exceeding the recommended dosage?
Have you received treatment or joined a rehabilitation program because of your alcohol consumption?
Have you been advised by a health care professional to reduce your consumption of alcohol? Do you have more than 4 glasses of alcohol per day (28/week)?

b) In the past 3 years, have you been hospitalized due to an accident or illness for more than 48 consecutive hours?

Yes
 No

c) In the past 3 years, have you applied for life, disability or critical illness insurance that was subject to an additional premium or refused or issued with an exclusion?

Yes
 No

d) Only if you are applying for critical illness insurance, answering questions a), b) and c) as well:

Has one or more members of your biological family (father, mother, brothers or sisters) suffered from diabetes, cancer, a stroke or heart disease before the age of 60?

Yes
 No