

# Physician's Confirmation of Answers

Only for Applicants Age 70 - 85  
applying for Golden Edge Enhanced

## PHYSICIAN DECLARATION

I have read all of the questions on the reverse as they relate to my patient

Mr.  Mrs.  Miss  Ms

and agree that they have been answered accurately as they relate to his/her current medical condition.

and disagree with one or more of the answers given.

*In the event that this signature is not received for patients 70 and older, there will be an automatic 2 year waiting period for coverage to take effect. Premiums will be payable, however should a claim be made for whatever reason, within two years of the date of issue, our obligation will be to return premiums only.*

Dated at 

Place	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Physician

Name and Address of Physician

Please print clearly or use stamp

## RECEIPT INVOICE FOR PHYSICIAN'S PAYMENT



### Request for Payment XXXXXX

For payment please complete Physician's Declaration and return to:  
Desjardins Financial Security Life Assurance Company  
New Business  
95 St. Clair Ave. W., Toronto ON M4V 1N7

Desjardins Financial Security Life Assurance will pay an amount **not exceeding \$75.00** to the Physician named in this invoice for their declaration completed above.

**THERE IS A 60 DAY TIME LIMIT FROM THE DATE THE APPLICATION IS SIGNED FOR RECEIPT OF PHYSICIAN'S SIGNED DECLARATION AT THE DESJARDINS FINANCIAL SECURITY LIFE ASSURANCE COMPANY, TORONTO, ONTARIO.**

Date

Print Name Payable To

Print Mailing Address

© Registered trademark owned by Desjardins Financial Security

### About Desjardins Financial Security

Desjardins Financial Security, a subsidiary of Desjardins Group, the largest integrated cooperative financial group in Canada, specializes in group and individual life and health insurance, and savings products and services. Every day, over 5 millions Canadians rely on Desjardins Financial Security to ensure their financial security. With a staff of over 3,700 employees, Desjardins Financial Security manages and administers close to \$22 billion in assets from offices in major cities across the country, including Vancouver, Calgary, Winnipeg, Toronto, Ottawa, Montreal, Quebec, Levis, Halifax and St. John's.

# Golden Edge

Easy, Affordable  
Peace of Mind



© Registered trademark owned by Desjardins Financial Security

THIS IS A TIME SENSITIVE DOCUMENT  
AND MUST BE SUBMITTED WITHIN 60 DAYS

00206E (08-02)

Desjardins Financial Security  
Life Assurance Company

**LIFE INSURED**

Name of Life Insured:  First Name  Middle Name  Last Name

Address of Life Insured:  No. and Street

City  Province  Postal Code

Date of Birth:  Day  Month  Year  Age (Last Birthday)

Place of Birth:  Sex:  Male  Female

Within the last 12 months preceding this application, have you used any substance or product containing tobacco, nicotine or marijuana?  
 Yes  No If **Yes**, provide the following information.

Type	Amount	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Insurance No.

Occupation

Current Employer

Telephone Numbers:  Business Tel No.  Residence Tel No.

**BENEFICIARY INFORMATION**

For Quebec contracts, the appointment of your spouse as beneficiary is irrevocable unless otherwise specified.

Name of Beneficiary:  First Name  Middle Name  Last Name

Relationship to Life Insured:

**POLICYOWNER**

Same as Life Insured or complete below

Name of Policyowner:  First Name  Middle Name  Last Name

Billing Address:  No. and Street

City  Province  Postal Code

Relationship to Life Insured:

Social Insurance Number:

**CONTINGENT OWNER**

Upon the death of the Policyowner (or the survivor of the Policyowners if more than one), the person named here has the rights and interests of the Policyowner.

Name of Contingent Owner:  First Name  Middle Name  Last Name

Relationship to Life Insured:

**DETAILS OF COVERAGE**

Plan Name:  **GOLDEN EDGE**  Classic  Enhanced

Amount of Insurance:  Min. \$2,500 - Max. \$25,000  Premium Amount:  Min. \$300.00 Annually

Premium Payable:  Annually  Monthly by Pre-Authorized Cheque

**PRE-AUTHORIZED CHEQUE ADMINISTRATION**

I authorize Desjardins Financial Security Life Assurance Company to draw and issue cheques in their favour for payment of my life insurance policy. This authorization may be cancelled at any time upon written notice by either party to the other.

Name of Depositor(s):

Name and Address of Financial Institution:

Account No.

Withdrawal Date:  Premium Due Date **or**  Choose 1 - 28

Signature of Depositor(s):  X

Please attach a specimen cheque marked "Void".

Desjardins Financial Security Life Assurance Company acknowledges receipt of  \$

This represents the initial premium for an Application for Life Insurance made to the Company. Such Application corresponds in both number and date to this receipt. This receipt shall be void if any cheque issued in exchange for this receipt is not honoured when first presented for payment.

**RECEIPT FOR AMOUNT PAID**

Date:

Signature of Representative:  X

Print Name of Representative:

Please keep this receipt and the Policy Information Management/Personal Information Notice on reverse side

**GOLDEN EDGE  
CLASSIC**

ISSUE AGES

Male Smoker 55 - 82      Policy Factor: \$25.00/year  
 Male Non Smoker 55 - 85  
 Female 55 - 85

- Must answer questions 1-7 to qualify.
- Policy has been designed for easier eligibility than enhanced
- Contract automatically includes a two year claim clause
- For claims within two years of issue, the maximum payment to the beneficiary is equal to the total premium paid to date.

**MEDICAL QUESTIONS**

	Yes	No
1 In the <b>past five (5) years</b> , have you had a heart attack or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you been rated or declined for an insurance application in the <b>past five (5) years</b> ?	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you ever been diagnosed with Multiple Sclerosis, Parkinson's Disease, Alzheimers, dementia, AIDS or a test indicating exposure to the virus causing AIDS?	<input type="checkbox"/>	<input type="checkbox"/>
4 In the <b>past five (5) years</b> , have you been diagnosed with or hospitalized for Cancer ( <i>excluding Basal cell carcinoma</i> ), Malignant tumor or Leukemia?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you in the <b>past six (6) months</b> , consulted a physician for an illness or condition which has not as yet been diagnosed or for which testing is still in progress?	<input type="checkbox"/>	<input type="checkbox"/>
6 Are you currently confined to a nursing facility, hospital, bedridden, restricted to a wheelchair or unable to eat, dress, bathe or walk unaided?	<input type="checkbox"/>	<input type="checkbox"/>
7 Within the <b>last two (2) years</b> , have you been medically treated with oxygen?	<input type="checkbox"/>	<input type="checkbox"/>

**GOLDEN EDGE  
ENHANCED**

ISSUE AGES

Male Smoker 55 - 82      Policy Factor: \$25.00/year  
 Male Non Smoker 55 - 85  
 Female 55 - 85

- Special lower rates for clients who can qualify medically
- Must answer "NO" to questions 1-7 Golden Edge Classic as well as 8-10 Golden Edge Enhanced to qualify.
- For applicants ages 55-69, a policy will be issued right away provided there is no report from the Medical Information Bureau.
- Policy will be issued without a two year claim clause
- Issue ages 70-85 will be issued provided there is no report from the Medical Information Bureau, with a 2 year claim clause.
- Clause can be removed by having their doctor read the application questions and verify that they have been answered correctly based on the clients medical condition.
- Physician and clients have 60 days to submit this signature to Desjardins Financial Security in order to have the two year clause removed.

**MEDICAL QUESTIONS - ENHANCED**

8. Within the **last five (5) years**, have you had:

	Yes	No		Yes	No
Organ Transplant	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Heart Surgery (Including Angioplasty and/or a pacemaker)	<input type="checkbox"/>	<input type="checkbox"/>	Cirrhosis of the Liver	<input type="checkbox"/>	<input type="checkbox"/>
			Chronic Lung Disease Including Emphysema	<input type="checkbox"/>	<input type="checkbox"/>

9 Within the **last three (3) years**, have you had cancer (*excluding Basal cell Carcinoma*), malignant tumor, Leukemia, or any type of cancer which recurred or spread to other parts of the body?

Yes  No

10 Within the **last two (2) years**, have you been diagnosed with, of hospitalized for any of the following:

	Yes	No		Yes	No
Angina	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heart Beat	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Stroke (Including Transient Ischemic Attack)	<input type="checkbox"/>	<input type="checkbox"/>
Seizure (Including Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>			

Is this application intended to replace any other insurance?  Yes. If Yes, complete the appropriate provincial Replacement form.  No

**DECLARATION OF INSURED**

I am applying for the insurance described above and declare that all statements and answers given in connection with this application are full, complete and true. I understand that:

- I am eligible for Golden Edge Classic if medical questions 1 to 7 have been accurately answered "No"; and
- I am eligible for Golden Edge Enhanced if all parts of medical questions 1 to 10 have been accurately answered "No".

Coverage takes effect when the application has been completed, signed and the initial premium paid in full PROVIDED that Desjardins Financial Security may cancel the policy within 6 months of the date of the application by giving written notice prior to any claim arising, and refund any premium paid.

If the life insured dies within two years following the date of the application, the liability of Desjardins Financial Security will be limited to the amount of the premiums paid for Golden Edge Classic.

If the life insured dies within two years following the date of the application, the liability of Desjardins Financial Security will be limited to the amount of the premium paid, for insureds age 70 and over who have not submitted the Physician's Confirmation of Answers within 60 days of the date of application for Golden Edge Enhanced.

Policies for Insureds age 55-69 will be insured immediately, with no 2 year claim clause, provided there is no report from the Medical Information Bureau.

The maximum death benefit payable under all Golden Edge policies is \$25,000 per life insured. I understand that the representative is paid by commission.

This sale involves the designated representative/firm and Desjardins Financial Security Life Assurance Company. The designated representative/firm is independent and deals with different insurance companies, including Desjardins Financial Security Life Assurance Company. In return of this sale, it is possible that the designated representative/firm receives commissions as compensation plus a bonus or other incentives as additional compensation. This sale does not commit the designated representative/firm from selling any other product or service from Desjardins Financial Security Life Assurance Company.

I authorize any person or organization having medical information or other confidential information about me, and in particular any doctor, hospital, the Medical Information Bureau or other organization, institution or person that has any records or knowledge to disclose information about me to Desjardins Financial Security Life Assurance Company, or to its reinsurers. I also consent to any request by Desjardins Financial Security Life Assurance Company for a report on any inquest on my death. A photographic copy of this authorization is as valid as the original.

Dated at

Place	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Policyowner (If applicable)

Signature of Life Insured

Signature of Witness / Rep

Name of Field Office  F.O. code

Name of Rep.  Rep. Code

E-mail Address

**APPLICATION INSTRUCTIONS**

**CLASSIC**

- Complete in full with signatures, including answering medical questions 1-7.
- Provide customer with receipt.
- Submit to your office for processing.

**ENHANCED**

- Complete in full with signatures, including answering ALL medical questions, 1-10.
- Have client mail or deliver completed application to their Physician for verification if they are age 70-85 inclusive and are applying for Golden Edge Enhanced.
- Submit original to your office for processing.

#### NOTICE REGARDING THE MEDICAL INFORMATION BUREAU

The information regarding your insurability is treated confidentially. However, Desjardins Financial Security Life Assurance Company or its reinsurers may provide a summary to the Medical Information Bureau, a non-profit organization created by life insurance companies in order to exchange information. If you enroll in life or health insurance, with a company that is a member of the Bureau or if you file a claim for benefits or indemnities, the Bureau will provide the company with the information it holds regarding you upon request.

The Bureau will inform you of the information in your file upon receipt of such a request. If you question the exactitude of the Bureau's information, you may

ask that the information be rectified by writing to the Medical Information Bureau, 330, University Avenue, Toronto, Ontario M5G 1R7. The telephone number is 416-597-0590.

Desjardins Financial Security Life Assurance Company or its reinsurers may also release information it has on file to insurance companies to which you may apply for life or critical illness, or to which a claim for benefit may be submitted.

#### PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from the Company's various financial services (insurance, annuities, credit, etc.). This information is consulted solely by DFS employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address: Privacy

Officer, Desjardins Financial Security Life Assurance Company, 200, rue des Commandeurs, Lévis, Québec, G6V 6R2.

DFS may send information on its promotions or offer new products to those whose names appear on its client list. DFS may also give its client list to another component of the Desjardins Group for the same purposes. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.

GIVE TO POLICYOWNER

**CLASSIC**

ISSUE AGES

Male Smoker 55 - 82      Policy Factor: \$25.00/year  
 Male Non Smoker 55 - 85  
 Female 55 - 85

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5 Have you in the <b>past six (6) months</b> , consulted a physician for an illness or condition which has not as yet been diagnosed or for which testing is still in progress?	<input type="checkbox"/>	<input type="checkbox"/>
6 Are you currently confined to a nursing facility, hospital, bedridden, restricted to a wheelchair or unable to eat, dress, bathe or walk unaided?	<input type="checkbox"/>	<input type="checkbox"/>
7 Within the <b>last two (2) years</b> , have you been medically treated with oxygen?	<input type="checkbox"/>	<input type="checkbox"/>

**ENHANCED**

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(Including Angioplasty and/or a pacemaker)			Chronic Lung Disease Including Emphysema	<input type="checkbox"/>	<input type="checkbox"/>

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Yes  No

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	Yes	No		Yes	No
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Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heart Beat	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Stroke (Including Transient Ischemic Attack)	<input type="checkbox"/>	<input type="checkbox"/>
Seizure (Including Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>			

Is this application intended to replace any other insurance?  Yes. If Yes, complete the appropriate provincial Replacement form.  No

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I authorize any person or organization having medical information or other confidential information about me, and in particular any doctor, hospital, the Medical Information Bureau or other organization, institution or person that has any records or knowledge to disclose information about me to Desjardins Financial Security Life Assurance Company, or to its reinsurers. I also consent to any request by Desjardins Financial Security Life Assurance Company for a report on any inquest on my death. A photographic copy of this authorization is as valid as the original.

Dated at	Place	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Policyowner (If applicable)	<input checked="" type="checkbox"/>	<input type="text"/>		
Signature of Life Insured	<input checked="" type="checkbox"/>	<input type="text"/>		

Signature of Witness / Rep	<input checked="" type="checkbox"/>	<input type="text"/>		
Name of Field Office	<input type="text"/>	F.O. code	<input type="text"/>	
Name of Rep.	<input type="text"/>	Rep. Code	<input type="text"/>	
E-mail Address	<input type="text"/>			

**APPLICATION INSTRUCTIONS**

**CLASSIC**

- Complete in full with signatures, including answering medical questions 1-7.
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- Submit to your office for processing.

**ENHANCED**

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- Have client mail or deliver completed application to their Physician for verification if they are age 70-85 inclusive and are applying for Golden Edge Enhanced.
- Submit original to your office for processing.

**LIFE INSURED**

Name of Life Insured:  First Name  Middle Name  Last Name

Address of Life Insured:  No. and Street

City  Province  Postal Code

Date of Birth:  Day  Month  Year  Age (Last Birthday)

Place of Birth:  Sex:  Male  Female

Within the last 12 months preceding this application, have you used any substance or product containing tobacco, nicotine or marijuana?  
 Yes  No If **Yes**, provide the following information.

Type	Amount	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Insurance No.

Occupation

Current Employer

Telephone Numbers:  Business Tel No.  Residence Tel No.

**BENEFICIARY INFORMATION**

For Quebec contracts, the appointment of your spouse as beneficiary is irrevocable unless otherwise specified.

Name of Beneficiary:  First Name  Middle Name  Last Name

Relationship to Life Insured:

**POLICYOWNER**

Same as Life Insured or complete below

Name of Policyowner:  First Name  Middle Name  Last Name

Billing Address:  No. and Street

City  Province  Postal Code

Relationship to Life Insured:

Social Insurance Number:

**CONTINGENT OWNER**

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Name of Contingent Owner:  First Name  Middle Name  Last Name

Relationship to Life Insured:

**DETAILS OF COVERAGE**

Plan Name:  GOLDEN EDGE  Classic  Enhanced

Amount of Insurance:  Min. \$2,500 - Max. \$25,000  Premium Amount  Min. \$300.00 Annually

Premium Payable:  Annually  Monthly by Pre-Authorized Cheque

**PRE-AUTHORIZED CHEQUE ADMINISTRATION**

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Name of Depositor(s):

Name and Address of Financial Institution:

Account No.

Withdrawal Date:  Premium Due Date or  Choose 1 - 28

Signature of Depositor(s):  X

Please attach a specimen cheque marked "Void".

Desjardins Financial Security Life Assurance Company acknowledges receipt of  \$

This represents the initial premium for an Application for Life Insurance made to the Company. Such Application corresponds in both number and date to this receipt. This receipt shall be void if any cheque issued in exchange for this receipt is not honoured when first presented for payment.

**RECEIPT FOR AMOUNT PAID**

Date:

Signature of Representative:  X

Print Name of Representative: