

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

Identification of insured

Last name		Date of birth (YYYY-MM-DD)
First name	Contract number	Claimant number

General information

1. Diagnosis

2. When did symptoms of this illness first appear? (YYYY-MM-DD)

3. When did you first consult a physician for this illness? (YYYY-MM-DD)

4. Do you have a family doctor? Yes No If **yes**, specify:
 Doctor's name: _____ Since when? _____

5. In the 2 years preceding your date of diagnosis, did you consult a physician or healthcare professional or were you hospitalized for any medical reasons?
 Yes No If **yes**, please complete the table:

Name of physicians or professionals consulted	Medical reasons	Dates of consultation (YYYY-MM-DD)	Name of hospitals where you were treated	Hospitalization periods (YYYY-MM-DD)
				From: _____ To: _____
				du : _____ To: _____

6. In the 2 years preceding your date of diagnosis, did you take any medication? Yes No If **yes**, please complete the table:

Medical reasons	Name of medication	Periods (YYYY-MM-DD)
		From: _____ To: _____
		du : _____ To: _____

7. In the 2 years preceding your date of diagnosis, did you work for any employers? Yes No If **yes**, please complete the table:

Name and address	Employment period (YYYY-MM-DD)
	From: _____ To: _____
	From: _____ To: _____

8. Do you smoke cigarettes, cigarillos, cigars, a pipe, or do you use any other form of tobacco or tobacco substitute such as gum or a nicotine patch? Yes No

9. Did you ever use tobacco in any form whatsoever? Yes No If **yes**, when did you stop? (YYYY-MM-DD): _____

10. If you are on leave or have ceased to perform your normal activities due to this illness, please answer the following questions:

a) When was your last full day of work, or the day you ceased to perform your normal activities? (YYYY-MM-DD): _____

b) Did you work for at least 80 paid hours during the 4 weeks preceding the last full day of work? Yes No
 If **no**, please state why: _____

c) Name of your employer: _____ 10-digit phone number: _____

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Consent related to the management of your personal information by Desjardins Group

- 1. Management of your personal information**

To serve you on a daily basis and meet our legal obligations, we need to collect, use and disclose information about you. For more details, see Desjardins Group's Privacy Policy at www.desjardins.com/privacy-policy.

You may be asked for specific consent to ensure that Desjardins Insurance can deliver or continue to deliver service. This will be done in compliance with Desjardins Group's Privacy Policy.

Desjardins Insurance handles all your personal information confidentially. Your information will be accessed only by employees who require it to complete their tasks.
- 2. Your rights**

You can:

 - See the personal information Desjardins Group has about you
 - Correct any information that's incomplete, ambiguous or not relevant

To find out how, see Desjardins Group's Privacy Policy.
- 3. Collection or transfer of your personal information outside of Canada**

Desjardins Insurance uses service providers located outside of Canada to perform certain specific activities in its normal course of business. As such, personal information may be collected in and/or transferred to another country and be subject to the laws of that country.

For information about our policies and practices regarding the collection and transfer of personal information outside of Canada, see Desjardins Group's Privacy Policy. You can also obtain this information, or ask any questions you might have, by calling us a 1-800-463-7870.

By signing this form, you:

- Acknowledge that you've looked at Desjardins Group's Privacy Policy, which is available at www.desjardins.com/privacy-policy
- Authorize Desjardins Group to collect, use and disclose your personal information based on the conditions outlined in the policy and applicable regulations
- Acknowledge and accept that this consent takes precedence over any other consent you've previously signed
- Acknowledge that this consent remains valid for as long as you have a business relationship with a Desjardins Group component

Declaration

I declare that the information provided above is complete and true.

Signature



X _____

Signature of the insured

Date (YYYY-MM-DD)

- › If the person is a minor child who is under age 14 (Quebec) or under age 16 (all other provinces and territories), a parent, guardian or legal representative must sign for them and complete the box below

Person signing for the minor child:

Prénom et nom (en lettres majuscules)

Relationship to the minor child:

- Parent (father or mother) Guardian (Quebec)
- Legal representative (all provinces and territories other than Quebec)