Sun Life Assurance Company of Canada

Evidence of Insurability Application – Health Questionnaire

Minnesota

1. Applicant Information (Please print clearly)

Complete pages 1 and 2 of this form and return to:

MGIS
P.O. Box 16110
Salt Lake City, UT 84116

Tel: 1-800-969-6447

Fax: (801) 990-2401

Your name (first, middle initial, last)	Name of your employer	Group policy no.

Your street address	City	State	Zip Code

Social Security number	Daytime phone number	E-mail address
– –		

This Application is for: ☐ Employee ☐ Spouse ☐ Child ☐ Male ☐ Female

Name (if different than above)	Date of birth (m/d/y)	Height	Weight
		ft in.	lbs.

2. Health History (The information in sections II, III and IV is confidential and will not be shared with your employer)

Important: You must answer all questions. If you answer "Yes" to any question, please use the space in Section IV on page 2 to provide the details of your condition. Failure to provide the details of your condition will cause a delay in the review of your application.

1. In the past five years, have you:

a. Had transplant surgery, other surgery, injuries or been treated in a hospital? ☐ Yes ☐ No
b. Been treated for alcoholism or medically advised by a physician to change your drinking habits? ☐ Yes ☐ No
c. Used heroin, marijuana, cocaine, LSD, amphetamines or any other narcotic, unless prescribed by a physician? ☐ Yes ☐ No
d. Been off work for more than five consecutive days due to illness or injury? ☐ Yes ☐ No
e. Lost 20 lbs. or more over a 12 month period? ☐ Yes ☐ No

2. In the past five years, have you been diagnosed with or treated for any of the conditions listed below?

a. Dizzy spells, epilepsy, a nervous or neurological disorder, migraines or a mental disorder ☐ Yes ☐ No
b. Asthma, bronchitis, emphysema, chronic cough, shortness of breath, Chronic Obstructive Pulmonary Disease (COPD) or lung disorder ☐ Yes ☐ No
c. Abnormal blood pressure, chest pain, heart murmur, heart disease or heart attack ☐ Yes ☐ No
d. Ulcer, liver disorder, colitis, diarrhea or any complaint of the digestive organs ☐ Yes ☐ No
e. Arthritis, gout, rheumatism, back disorder, disc disease or joint or bone disorder ☐ Yes ☐ No
f. Cancer, tumor, enlarged glands, enlarged lymph nodes or lupus ☐ Yes ☐ No
g. Sugar in urine, diabetes, kidney or bladder disorder ☐ Yes ☐ No
h. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV) ☐ Yes ☐ No
i. Anemia, blood vessel disease, bleeding or any other blood disease or disorder ☐ Yes ☐ No
j. Disorders of the eyes or ears ☐ Yes ☐ No
k. Chronic fatigue or fibromyalgia ☐ Yes ☐ No

3. Are you currently pregnant? ☐ Yes ☐ No

Continued on next page

3. Activities

Important: If you answer "Yes" to any question, use the space in section IV to list each activity, how often you participate in it and the last time you participated in it.

Do you engage in any of the following activities?

a. Skydiving .... ☐ Yes ☐ No
b. Scuba diving .... ☐ Yes ☐ No
c. Organized vehicle or organized boat racing .... ☐ Yes ☐ No
d. Piloting an aircraft .... ☐ Yes ☐ No

4. Detail (Provide detail below about any "Yes" answer from sections II and III.)

Question number	Description/History of Condition (e.g. high blood pressure, recent BP reading etc.)	Date Condition Began	Duration of Condition/ Treatment	Treatment	Fully Recovered?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

If you need more room, check here ☐ and attach a separate sheet.

5. Signature

Please read the Certification and sign and date the form below.

If an Authorization form is included in this package, please remember to sign and date all pages of the form and return it with your completed EOI Application.

Certification

I hereby represent, to the best of my knowledge and belief, that:

- The information I have provided in the Evidence of Insurability (EOI) Application is true, accurate and complete.
- I have read, or had read to me, the completed EOI Application, and understand that any false statements or misrepresentation made in it may result in a loss of coverage under the Group Insurance Policy.
- I have read or had read to me the Fraud Warning:

  Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I also hereby confirm my understanding that:

- My EOI Application may be denied and I may be refused insurance if Sun Life Assurance Company of Canada ("The Company") determines that I am not insurable. If The Company determines that I am not insurable, it will explain in writing the basis of its determination.
- I may ask The Company in writing to: (a) obtain certain information from the EOI Application file relating to me (a fee may be charged); (b) correct, amend or delete information in the EOI Application file relating to me (as permitted by applicable law); (c) file my own statement of facts if I believe any information in the EOI Application file relating to me is incorrect; and (d) provide me with a copy of my EOI Application.
- If I have any questions regarding my EOI Application, I can write to Sun Life Assurance Company of Canada, Group Life Dept., SC 3227, One Sun Life Executive Park, Wellesley Hills, MA 02481.

Signature of Employee	Date signed
X	
Signature of Spouse (If Application is for spouse)	**Date signed**
X	

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