

# COVID-19 (CORONAVIRUS) QUESTIONNAIRE

Effective immediately and until further notice, we are asking all Life Insured(s) to complete an additional COVID-19 questionnaire regarding potential exposure to the novel coronavirus (COVID-19). During the COVID-19 pandemic, all Life Insured(s) will be asked to complete these additional questions.

**Please answer the following questions with as much detail as possible.**

1.	Have you ever tested positive for the novel coronavirus (COVID-19)? If yes, provide the date of positive diagnosis:	
2.	Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (COVID-19)? If yes, please provide details:	
3.	Have you ever been quarantined due to a possible exposure to novel coronavirus (COVID-19)? If yes, please provide dates and locations:	
4.	Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (COVID-19)?	
5.	Have you experienced any of the following symptoms within the last 14 days? <ul style="list-style-type: none"><li>• Any fever</li><li>• Cough</li><li>• Shortness of breath</li><li>• Malaise (flu-like tiredness)</li><li>• Rhinorrhea (mucus discharge from the nose)</li><li>• Sore throat</li><li>• Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea</li></ul> If yes, to any of these, please indicate which and provide details:	

6.	Travel Declaration	
	a. Have you travelled outside of Canada in the past 14 days? If yes, please provide the country, city, date arrived, and date departed details:	
	b. Do you plan to travel outside of Canada in the next 30 days? If yes, please provide the country, city, date of arrival, and intended duration details:	
7.	Are you currently in good health? If no, please provide details:	

<b>DECLARATION</b>	
I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.	
I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).	
<b>Signature of Life Insured</b>	
X	
Signed at	Date

Sample