

Identification

Policy:

Last name of person to be insured:

First name of person to be insured:

Date of birth: / /
year / month / day

Section Chest pain

1. Have you ever suffered from chest pain? Yes No

Date of first episode: / / Date of last episode: / /
year / month / day year / month / day

Length of time between episodes: _____ Average duration: _____

2. If you answered yes to question # 1, where was the pain located?

Center of chest? Both shoulders or arms? Left side of chest?

Accompanied by a pressure? Shoulder, arm or left hand? Accompanied by perspiration?

3. Did you feel pain:

On exertion or exercising? When experiencing a strong emotion?

When exposed to cold temperature? After meals?

4. Did you consult a physician for the pain? Yes No

If yes, type of treatment prescribed: _____

What type of medication are you currently taking for the pain? _____

How long after taking your medication is the pain relieved? _____



Chest pain (suite)

5. a) Have you ever stopped working because of the pain? Yes No

Date you stopped working: / / Date you returned to work: / /
year / month / day year / month / day

b) Were you ever hospitalized for this condition Yes No

From: / / To: / /
year / month / day year / month / day

Name of the hospital: _____

c) How long was your convalescence?

From: / / To: / /
year / month / day year / month / day

d) Have you changed your lifestyle or your work duties because of this condition? Yes No

Details: _____

e) How many hours do you work daily? _____

6. What was the diagnosis of your chest pain? _____

7. Have you ever suffered from: If yes, specify dates and doctors consulted:

Palpitations? Yes No / / Name: _____
year / month / day

Shortness of breath? Yes No / / Name: _____
year / month / day

High blood pressure? Yes No / / Name: _____
year / month / day

Specify names and addresses of all physicians consulted (not mentioned above): _____

Chest pain (...continued)

9. a) Do you use tobacco products? Yes No

If yes, type and daily use: _____

b) Have you ever used any tobacco products? Yes No

If yes, when did you last use tobacco? _____

I, the undersigned, declare that the above answers are true and complete and shall form part of my application for insurance with Humania Assurance Inc.

Signed at: _____

Date: / /
year / month / day

Signature of person to be insured: _____

Signature of witness: _____

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6