Identification

Policy/Application No.:

Last name of person to be insured:

First name of person to be insured:

Date of birth: year / month / day

Section Nervous disorder

1. Type: ☐ Anxiety ☐ Depression ☐ Fatigue ☐ Major Depression ☐ Insomnia ☐ Burn-out ☐ Adjustment Disorder
☐ Stress ☐ Bipolar Disorder ☐ Suicidal Thoughts ☐ Suicide Attempt ☐ ADD/ADHD

☐ Other (Please indicate):

2. Date(s) of each type selected above:

3. Cause(s) of symptoms:

4. Duration of lost time from work or school:

Within last 12 months (Dates):

Within last 12 months to 24 months (Dates):

Within last 24 months to 5 years (Dates):

5. Treatments:

☐ Medication – Type, Dose, Dates, Frequency:

☐ Psychotherapy – Dates and frequency:

☐ Hospitalizations - Dates:

☐ Electroshock:

☐ Other (Please specify):

Nervous disorder (suite)

6. Family History of nervous disorders or suicide: ☐ Yes ☐ No

If yes, please specify type and family relationship:

7. Alcohol use: ☐ Yes ☐ No

If yes, please specify the dates, quantity and frequency:

8. Drug use: ☐ Yes ☐ No

If yes, please specify the type, dates, quantity and frequency:

9. Have you ever been treated for drug or alcohol abuse: ☐ Yes ☐ No

If yes, please specify the dates:

10. Do you current have any symptoms? ☐ Yes ☐ No

If not, since when are you free of any symptoms?

11. Are you currently taking any medication or under the care of a physician (including a psychologist or psychiatrist)? ☐ Yes ☐ No

12. Do you continue to be followed by a physician? ☐ Yes ☐ No

13. Date of last consultation: year / month / day

14. Name and address of all physicians and health care professionals consulted for this condition:

15. Name and address of last physician consulted:

Date: year / month / day

Reason:

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

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