

LIFE INSURANCE FOR PEOPLE WITH A DISABILITY

YES ! I would like to receive a free, no obligation quotation.

(If you are unsure how to answer any questions mentioned below, call 1 800 638-7256)

first name of life insured

middle initial

last name

number and street address

apt

city/town

province

postal code

(_____)

area code

telephone number

email address

Date of birth, month; _____ day; _____ year _____

Amount of guaranteed life Insurance \$5,000 _____ \$10,000 _____ \$15,000 _____ (check one)

The person applying for this coverage is guaranteed to receive one of our plans. If you answer "NO" to all questions, you will receive a Standard Issue Plan. Otherwise you will receive a Guaranteed issue plan.

The questions below do not apply to common colds, flu or non life threatening allergies and/or conditions

Has the proposed insured within the last 5 years:

- a) Been treated or had treatment recommended for heart or circulatory disorders, chest pains, high blood pressure which is not controlled by medication, insulin dependent diabetes, cancer, tumors, lung disorders, unusual infection or immune system abnormality, kidney disorders, urinary abnormalities, Alzheimer's disease, cirrhosis of the liver, drug or alcohol consumption? YES__ NO__
- b) Had or been told that he/she has AIDS or a positive blood test for H.I.V.? YES__ NO__
- c) Ever applied for any insurance that was declined, modified or rated? YES__ NO__
- d) Has the Proposed insured, within the last 3 years, been hospitalized, home confined or in a nursing facility? YES__ NO__
- e) Has the proposed insured been advised to consider tests, medication or treatment for any disorder within the next 3 months? YES__ NO__

If YES is the answer to question (b), the coverage is limited to a Single pay, 12 month pay or a 4 year pay on a Guaranteed issue plan

COMPLETE THE ABOVE AND:

1. fax to:
1-905-836-5458
2. or Mail to:
LifeTRUST Planning 60 Harrison Dr. Newmarket Ont. L3Y 4P4
Telephone 1 800 628-7256