

OPTIONAL LIFE INSURANCE DECLARATION OF GOOD HEALTH

FINANCIAL SERVICES INCLUDING INSURANCE, ANNUITIES, CREDIT AND RELATED SERVICES

Group and Division No. 141000	Policyholder Government of Newfoundland and Labrador
---	--

TO BE COMPLETED BY EMPLOYEE

Last name	First name
Date of birth Day Month Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of employment Day Month Year	Identification number
Amount of insurance (up to \$100,000 in units of \$10,000): \$	
Within the past 2 years, I have neither been hospitalized for, required medication or treatment for, or consulted a physician (to include a follow-up visit) due to, or as a result of, any of the following: alcohol or drug abuse, heart or circulatory disorder, stroke, cancer or leukemia, diabetes, high blood pressure, chronic kidney or liver disease, mental, nervous or neurological disorders, lung disorders, aids (acquired immune deficiency syndrome), ARC (aids related complex), or had tests indicating exposure to the aids virus.	
Signature of employee	Date

TO BE COMPLETED BY SPOUSE

Last name	First name
Date of birth Day Month Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of employment Day Month Year	Identification number
Amount of insurance (up to \$100,000 in units of \$10,000): \$	
Within the past 2 years, I have neither been hospitalized for, required medication or treatment for, or consulted a physician (to include a follow-up visit) due to, or as a result of, any of the following: alcohol or drug abuse, heart or circulatory disorder, stroke, cancer or leukemia, diabetes, high blood pressure, chronic kidney or liver disease, mental, nervous or neurological disorders, lung disorders, aids (acquired immune deficiency syndrome), ARC (aids related complex), or had tests indicating exposure to the aids virus.	
Signature of spouse	Date

PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from group insurance services offered by the Company. This information is consulted solely by DFS employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address:

Privacy Officer
 Desjardins Financial Security
 200, rue des Commandeurs
 Lévis (Québec) G6V 6R2

DFS may use the client list to offer its clients an insurance product following the termination of their group insurance. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.

For amounts of insurance in excess of \$100,000 please complete the regular medical questionnaire and return it to your plan administrator for processing.