

Insured's last name			Insured's first name		
Date of birth:	<input type="text"/>	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Contract No.	Client No.	
Year		Month	Day		
Address (No., street, apartment, city, province)				Postal code	
Area code		Telephone			

1 Does the insured reside at the above-mentioned address? Yes No

If not, where does he or she reside?

- In a residential care institution
- In a hospital
- At the residence of a family member
- Other: _____

2 Is the insured represented by a legal guardian to a person of full age? Yes No – **If so:**

Guardian's last name		Guardian's first name	
Relationship to the insured			
Address (No., street, apartment, city, province)			Postal code
Area code	Home telephone	Area code	Work telephone

3 Check the activities of daily living that the insured cannot normally perform without the assistance of another person according to the description in the contract.

- Bathing
- Dressing
- Making certain moves – transferring
- Going to the toilet – toileting
- Being continent – continence
- Feeding

I acknowledge and agree that the answers in this form are true and complete.

Signed at _____ on _____ this day of _____ 20 _____ .

X

Signature of insured or his or her representative

Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Personal Information Protection Statement located at beneva.ca.