



EQUITABLE TENTATIVE ASSESSMENT

Advisor Information
Advisor Name (first, last)
Email Address

Client Information
Client Name (optional)
Date of Birth (dd/mm/yyyy)
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Smoking status: <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/> Other (please specify) _____
Height/Weight (if known)

Injury/Illness Information
Diagnosis
Date of Diagnosis (mm/dd/yyyy)
Time off work? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, details) _____
Hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, length of stay/treatment) _____
Current treatment, including medication and dosage
Pending medical tests or investigations
Date and results of last medical follow-up or tests
Date and details of last occurrence of symptoms/episodes/flare-ups

Additional Information
Family history
Other information (ie. product and amount desired)

TENTATIVE assessments are subject to full underwriting review and decision. At Equitable®, any and all underwriting opinions on inquiries will be subject to review of a fully completed application as well as routine age and amount requirements requested by the Underwriting Department to finalize.

General Underwriting Inquires: indnewbus@equitable.ca
