

NERVOUS DISORDER QUESTIONNAIRE

Proposed Insured: _____ Date of Birth: _____ Policy Number: _____

1. Have you ever had any indication of the following: **(complete All boxes)**

- | | | | | | |
|-----------------|------------------------------|-----------------------------|-------------------|------------------------------|-----------------------------|
| Fatigue | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Insomnia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Weight Loss | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nervousness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Suicidal thoughts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eating Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Suicide attempts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. What do you think the cause was? _____

3. Name and addresses of doctor(s) and therapist(s) consulted for the above conditions: _____

4a. When did you first consult a doctor/therapist for the above and what was the diagnosis: _____

4b. When did you last consult a doctor/therapist for the above and how often do you see them? _____

5. Are you under treatment and/or taking any prescription or non-prescription medication Yes No
If Yes, please advise the medication, dosage and frequency: _____
If No, please indicate the date it was discontinued: _____6. Have you ever been hospitalized, been recommended to be hospitalized or had any tests Yes No
If Yes, give names, dates, addresses and recommendations: _____7. Are your symptoms: Resolved Unchanged More Severe8. Have you ever had any time off work due to the above problems? Yes No
if Yes, length of time and dates: _____

9. What is your average alcohol, wine, or beer consumption per week? _____

10. Do you use marijuana, cocaine or any illegal or addictive drugs? Yes No
If Yes, specify type and frequency of use: _____

I declare that the above answers and statements are full, complete and true and shall form part of my application for insurance with The Equitable Life Insurance Company of Canada.

Date _____ Witness _____ Proposed Insured _____