



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:



NERVOUS DISORDER QUESTIONNAIRE

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 Severe

8. 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 Equitable®.

Date

Proposed Insured

Please note: Equitable cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1 800 668 4095.