



EQUITABLE LIFE TENTATIVE ASSESSMENT

Advisor Information
Advisor Name (first, last)
Email Address

Client Information
Client Name (optional)
Date of Birth (mm/dd/yyyy)
Gender: <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 Life of Canada, 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
