	O Yes	O No			
true and is agree that	a complete disclosur this questionnaire is	e of all information requ part of and subject to	ested in this que the Application.	stionnaire, to the best of I also understand ar	e information provided i of my knowledge and be ad agree that the inform d acceptance of the app
Χ				x	
Si	gnature of proposed insur	ed (if the proposed insured is r	not a juvenile)	Signature of p	parent/legal guardian (if the pro
Signed a	at			Signed on	
		(City, State)			Date (mmm/c
<u>Foresters™ is</u>	the trade name and a trad	lemark of The Independent Or	der of Foresters ("For	resters").	
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## The Independent Order of Foresters ("Foresters") A Fraternal Benefit Society. 789 Don Mills Road. Toronto. ON. Ca ada M3C 1T0

789 Don Mills Road,	, Toronto, ON	ا, Canada M3	C 1T9	F: 877	329 4631		
U.S. Mailing Addres	s: P.O. Box 1	179 Buffalo, N	Y 14201-017	79 T.	. 800 828 154	0 forest	ers.com

CO	COVID-19 (Coronavirus) Questionnaire							
Pr	roposed Insured							
Fi	rst name			Middle name		Last name		
Da	ate of Birth	(mmm	/dd/yyyy)	Reference/certificate	nun	umber (if available):		
						s the Application for Individual Life Insurance on the proposed 'treatment'' mean by a licensed physician or medical practitioner.		
1.	Within the past 14	l days, ha	ave you been diagr	nosed with, or been trea	ateo	ed or given medical advice for any of the following?		
	0 Y 0 N	O Feve O Flu-li O Loss O Naus	k all that apply) r ke fatigue of smell or taste ea, vomiting and/o	r diarrhea	0	<ul> <li>Persistent cough that has not subsided</li> <li>Shortness of breath</li> <li>Sore throat</li> </ul>		
						re for, or been advised to take a test for, that has not yet been VID-19 (Coronavirus)?		
	Ο Υ	es	O No					
			as a parent or siblin please provide deta		old	ld been diagnosed with or been treated for COVID-19		
	0 Y	es	O No					
Deta	ails:							
	Within the past 2 the date of return			om travel outside the U	nite	ted States? If "Yes", please advise as to the country travelled to and		
	O Yes: Country:		D	Date returned to the United States:				
	0	No				(mmm/dd/yyyy)		
	Within the past 30 COVID-19 (Coror		ave you been advis	sed to self-isolate or be	qua	uarantined, due to symptoms of, or for any other reason related to,		
	0 Y	es	O No					
true a agree	and is a complete e that this questi tionnaire will be re	disclosu onnaire i	re of all informatio s part of and subj	n requested in this que ect to the Application.	stic I	and represent that the information provided in this questionnaire, is tionnaire, to the best of my knowledge and belief. I understand and I also understand and agree that the information provided in this ce the assessment and acceptance of the application by Foresters.		
	Signature of pro	posed insu	red (if the proposed ins	ured is not a juvenile)		Signature of parent/legal guardian (if the proposed insured is a juvenile)		
Si	gned at					Signed on		
			(City, State)			Date (mmm/dd/yyyy)		

Foresters  $\dot{\gamma}$