

The Independent Order of Foresters ("Foresters")



A Fraternal Benefit Society.

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Cyst, Lump, Tumor Questionnaire

Proposed Insured	
First name _____	Middle name _____ Last name _____
Date of Birth _____ (mmm/dd/yyyy)	Reference/certificate number (if available): _____

Note – "You" and "your" mean the proposed insured. "Application" means the Application for Individual Life Insurance on the proposed insured.

1. When was the cyst, lump or tumor first discovered? _____
2. In which part of your body was the cyst, lump or tumor located? _____
3. Please state the diagnosis provided to you by a member of the medical profession for the cyst, lump or tumor and attach any medical reports if available. _____

4. Has the cyst, lump or tumor been removed? Yes No

If "No", please provide:

- a) Details of the test(s) and the investigation(s) which have been carried out. Include date(s) and result(s) of test(s). _____

- b) Details of proposed treatment or surgery. _____

If "Yes", please provide:

- a) Date of removal: _____

- b) Method of removal, (e.g. local anesthetic, cryosurgery, operation with general anesthetic, in doctor's office, outpatient, etc. _____

- c) Please provide details regarding the physician(s) and/or medical practitioner(s) you see, have seen or have been referred to in relation to this condition:

Name of physician, hospital or clinic	Address	Frequency	Date of last consult
			(mmm/dd/yyyy)
			(mmm/dd/yyyy)
			(mmm/dd/yyyy)

- d) What treatment have you had following removal? For example, tablets, radiotherapy, chemotherapy etc. _____

- e) Have you been given information regarding the outlook or prognosis? Yes No If "Yes", please provide details. _____

5. Are you still being followed-up with by a physician and or medical practitioner in relation to this condition? Yes No

If "Yes", please provide details:

Name of physician, hospital or clinic	Address	Frequency	Date of last consult
			(mmm/dd/yyyy)
			(mmm/dd/yyyy)
			(mmm/dd/yyyy)

- If "No", when were you discharged from follow-up? _____

6. Have you ever taken time off work or have your working duties been affected or restricted in any way due to this condition? Yes No
If "Yes", please provide details including dates and durations. _____

7. Please provide any additional information about your condition, treatment or follow-up which you feel is important: _____

I declare that I have read this Cyst, Lump or Tumor Questionnaire and represent that the information provided, as shown in this questionnaire, is true, and is a complete disclosure of all information requested in this questionnaire, to the best of my knowledge and belief. I understand and agree that this questionnaire is part of and subject to the Application. I also understand and agree that the information provided in this questionnaire will be relied upon as evidence of insurability that will influence the assessment and acceptance of the application by Foresters.

X _____
Signature of proposed insured (if the proposed insured is not a juvenile)

X _____
Signature of parent/legal guardian (if the proposed insured is a juvenile)

Signed at _____
(City, State)

Signed on _____
Date (mmm/dd/yyyy)