



Supplemental COVID-19 Questions

Please answer the following questions which will be included with your OBF application for insurance benefits.

- 1) Have you or someone in your household travelled outside Canada in the past month?..... No Yes
- 2) Do you currently have, or have you had, symptoms consistent with COVID-19 within the past month?..... No Yes
- 3a) Have you been advised that you have contracted or may have contracted COVID-19?..... No Yes
 - b) If yes, has it been more than 1 month since you have been free of symptoms or complications from COVID-19?..... No Yes
- 4) Have you had contact with a known or suspected COVID-19 case within the past month?..... No Yes
- 5) Are you currently suffering from diabetes, cardiovascular conditions, or general respiratory conditions (e.g Asthma)?..... No Yes
- 6) Are you planning to travel outside of Canada within the next 3 months? No Yes
- 7a) Have you been advised by a medical professional to be in self-isolation because of exposure to COVID-19? No Yes
 - b) If yes has it been more than one month since you have completed your period of self-isolation?..... No Yes

Notes: _____

Insured Name (print) _____

Insured Signature _____ Date _____

Agent Name (print) _____

Agent Signature _____ Date _____

We, the proposed insured and or the applicant, declare that all answers and explanations given in this application or in any other questionnaire in connection herewith are true and complete. We agree that the insurance/benefit takes effect as of the acceptance of the application by the Orange Benefit Fund / Orange Insurance / Grand Orange Lodge of British America, inasmuch as the latter has been accepted without modification, the first premium has been paid and no change has taken place in the insurability of the proposed insured's since the signing of the application. We hereby authorize any health care professional as well as any other public or private health or social service establishment, any insurance company, the Medical Information Bureau, financial institutions, personal information agents or 3rd party agencies and any public body holding information concerning ourselves or our family, particularly medical information, to supply this information to Orange Benefit Fund and or its reinsurers for the risk assessment or the investigation necessary for the study of any claim. We also authorize our insurer, or its reinsurers, to exchange the personal information contained in this application with other insurers, or financial institutions, and to inquire of them for the appraisal of the risk or in the event of a claim. In case of death or disability, the beneficiary, the heir or the liquidator of my estate, is expressly authorized to supply the Orange Benefit Fund, when required by the latter, with all information and authorizations necessary to study the claim and obtain the required justification. Furthermore, we agree that a photocopy of this authorization shall be as valid as the original. It is further understood that the health of the applicant and or co-applicant be in the same insurable state of health as when the application for benefits was taken, a period of 21 days commencing from the issue date as stipulated by the policy. It has been explained to me/us that the acceptance and validity of the proposed insurance is dependent on the truth and accuracy of the answers given to the questions above, this prerequisite (needed as a prior condition) shall remain in effect for the life of the policy. The Orange Benefit Fund Privacy Code is based on the Model Code for the Protection of Personal Information, and the Federal Personal Information Protection and Electronic Documents Act, PIPEDA.