BMO Insurance

BMO Life Assurance Company
60 Yonge Street, Toronto, ON M5E 1H5
1-877-742-5244 • 416-596-4143 Fax

DEPRESSION/MENTAL/NERVOUS QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Date of first indication of: Fatigue _____ Depression _____ Suicidal Thoughts _____

   Insomnia _____ Weight Loss _____ Nervousness _____

   What did you think the cause was? _____

2. Name and address of current doctor for the above:

   _____

3. Date you first consulted for the above and what was doctor's diagnosis?

   _____

4. Detail any treatment, medications and dosage doctor has prescribed:

   _____

5. Are symptoms: ☐ Abated ☐ Similar ☐ More Severe

6. Are you still under treatment and/or on medication? ☐ Yes ☐ No

7. Date of last visit to above doctor and how often do you see him/her? _____

8. Have you been hospitalized or recommended to be hospitalized or had any tests? ☐ Yes ☐ No
   If yes, please give names, dates, addresses and recommendations:

   _____

   _____

9. Have you ever had time off work due to above problems? ☐ Yes ☐ No If yes, length of times and dates:

   _____

10. What is your average alcohol, wine, beer consumption per week?

    _____

11. Have you ever used drugs other than prescribed by a physician? ☐ Yes ☐ No

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20 ____ ; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ of _____ 20 _____

Witness

Proposed Insured