OBF
Orange Benefit Fund

GRAND ORANGE LODGE OF ONTARIO WEST
LIFE BENEFIT

Clear Form

ORANGE BENEFIT FUND
505 CONSUMERS ROAD SUITE 706
TORONTO, ON M2J 4V8
1-800-565-6248

PROPOSED INSURED / OWNER

First name Last Name Middle Initial

Name _____

No. Street Apt. City Province Postal Code

Address _____

Month Day Year Current

Phone _____ **Mobile** _____ **D.O.B** _____ **Age** _____ **SIN #** _____

Lodge # _____ **Email** _____ **Smoker** ☐ Yes ☐ No

Beneficiary Name*	Relationship to Insured (to owner in QC)	Phone Number	Date of Birth MM/DD/YY	% Share	Primary (P) Contingent(C)	Revocable (R) Irrevocable (I)
					☐P ☐C	☐R ☐I
					☐P ☐C	☐R ☐I
					☐P ☐C	☐R ☐I
					☐P ☐C	☐R ☐I

* if the beneficiary is a minor: In all provinces except Quebec, a trustee should be named to receive funds on the minor's behalf. Please indicate the trustee's full name and their relationship to the policy owner above.

EMERGENCY CONTACT

Full Legal Name Phone number Relationship to Owner

Name _____ _____ _____

MEMBERSHIP LIFE BENEFIT - DECLARATION OF INSURABILITY

IF THE ANSWER IS "YES" TO ANY QUESTIONS 1- 7 BELOW, YOU ARE NOT ELIGIBLE FOR THIS LIFE BENEFIT.

1. Do you have, or are you contemplating, planning or receiving treatment for, any terminal illness, or have you been receiving radiation or chemotherapy for cancer (excluding basal cell carcinoma) during the past 2 years? ..... ☐Yes ☐No
2. Have you ever been diagnosed with Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC) or tested positive for HIV?..... ☐Yes ☐No
3. Are you currently hospitalized, or a resident of a nursing home or nursing facility, or otherwise receiving care elsewhere because you are incapable of independently carrying out 2 or more of the basic activities of daily living such as getting up, walking, washing, toileting, dressing or feeding?..... ☐Yes ☐No
4. Within the past 2 years, have you had any application for benefits denied or postponed because of a terminal illness? Or, have you been advised by a physician to have surgery, diagnostic testing, investigation or referral that has not been completed or the results are unknown?..... ☐Yes ☐No
5. Within the past 2 years, have you had, been told you have, or been treated for: Severe or Chronic Respiratory illness or use of oxygen for any respiratory conditions? Chronic kidney, hepatitis, cirrhosis, or liver disease? Diabetic coma or insulin shock? Life threatening illness, which includes blood related illness, vascular, congestive, or severe heart condition, cardiac arrest, Infarction, severe chest pain? Or within past 2 years been treated for a stroke, angina or resistant hypertension? Or have you been told you have a mental or nervous system disorder including: Parkinson's, Alzheimer's disease, multiple sclerosis or cerebral palsy?..... ☐Yes ☐No
6. Within the past 2 years, have you been diagnosed with, hospitalized for or undergone medical treatment (including Prescribed medication or surgery) for Malignant tumor, cancer (excluding basal cell carcinoma), leukemia, or organ transplant (other than cornea)?..... ☐Yes ☐No
7. Within the past 2 years, have you used narcotics or barbiturates (except as prescribed by a physician), heroin, psychoactive drugs, cocaine, crack or similar agents or been a resident of a drug or alcohol treatment facility?..... ☐Yes ☐No
8. Have you had COVID 19, had symptoms consistent with COVID 19 or been informed that you have been in contact with anyone who has or has had COVID 19 within the last 14 days?..... ☐Yes ☐No

REQUESTED COVERAGE

- ☐ **$10,000 (ages 18 - 62)**
- ☐ **$7,000 (ages 63 - 67)**
- ☐ **$5,000 (ages 68 - 72)**
- ☐ **$3,000 (ages 73 - 79)**

Signed at: _____ **this** _____ **day of** _____ **, 20** _____

Insured (signature) **X** _____

SIGNATURES

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.

NOTES / MEDICATIONS / REQUESTS