

NAME \_\_\_\_\_ FILE \_\_\_\_\_

1. Have you ever been told you (or your child) has a heart murmur?  Yes  No
2. At what age was it first noted? \_\_\_\_\_
3. Have you ever been told what caused the murmur? \_\_\_\_\_  Yes  No
4. Have you been advised that the murmur is due to an abnormality of the heart such as a hole or valve problem? Provide details:  Yes  No  
\_\_\_\_\_
5. Have you ever been told that the murmur is functional or benign?  Yes  No
6. Have you ever been told that you (or your child) may need heart surgery in the future?  Yes  No
7. Were you (or your child) referred to a specialist or cardiologist?  Yes  No  
If **Yes**, name, address and last visit? \_\_\_\_\_
8. Were there any special tests done, such as an echocardiogram (heart ultrasound) or heart catheterization?  Yes  No  
Please provide dates and results: \_\_\_\_\_
9. Have any follow-ups been arranged?  Yes  No  
If **Yes**, please provide details and dates: \_\_\_\_\_
10. Do you (or your child) take antibiotics before a visit to the dentist or before surgery?  Yes  No
11. Are there any additional details you would like to provide?  Yes  No  
\_\_\_\_\_

**DECLARATION:**

I declare that the answers and statements to the above questions are complete and true to the best of my knowledge and belief. I understand they will form part of my application for insurance on my life.

I understand that if I do not fully, completely and truthfully answer the above questions (if I misrepresent my answers or statements) the Company may void this policy.

Date \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

**PLEASE RETURN FORM TO:****The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8, TEL: 1-888-997-9965, FAX: 1-888-985-3872**