

**The Independent Order of Foresters ("Foresters")**

**A Fraternal Benefit Society.**

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**COVID-19 (Coronavirus) Questionnaire**

<b>Proposed Insured</b>	
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. “Advised”, “diagnosed”, “medical advice”, “tested”, “treated” and “treatment” mean by a licensed physician or medical practitioner.

1. Within the past 14 days, have you been diagnosed with, or been treated or given medical advice for any of the following?

- Yes: (check all that apply)
  - Fever
  - Flu-like fatigue
  - Loss of smell or taste
  - Nausea, vomiting and/or diarrhea
- Persistent cough that has not subsided
- Shortness of breath
- Sore throat
- No

2. Within the past 30 days, have you been diagnosed with, tested positive for, or been advised to take a test for, that has not yet been started or completed or the results of which are not yet known for, COVID-19 (Coronavirus)?

- Yes
- No

3. Within the past 30 days, has a parent or sibling living in your household been diagnosed with or been treated for COVID-19 (Coronavirus)? If “Yes”, please provide details.

- Yes
- No

Details: \_\_\_\_\_

4. Within the past 21 days have you returned from travel outside the United States? If “Yes”, please advise as to the country travelled to and the date of return to the United States.

- Yes: Country: \_\_\_\_\_ Date returned to the United States: \_\_\_\_\_.
- No

5. Within the past 30 days, have you been advised to self-isolate or be quarantined, due to symptoms of, or for any other reason related to, COVID-19 (Coronavirus)?

- Yes
- No

I declare that I have reviewed this COVID-19 (Coronavirus) Questionnaire and represent that the information provided 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)