Overage Disabled Dependent

WestGUARD

Employee Name

Firm Name

Dependent Name

Date of Birth

1. Diagnostic

1.1 Primary ____________________

1.2 Secondary ____________________

1.3 Current Symptoms ____________________

Please provide your opinion as to the extent of the patient's impairment in performing the following on a sustained basis:

Mild: Suspected impairment of slight importance which does not affect functional ability.
Moderate: Impairment affects but does not preclude ability to function.
Moderately Severe: Impairment significantly affects ability to function.
Severe: Extreme impairment of ability to function.

	Mild	Moderate	Moderately Severe	Severe
Degree of severity of all symptoms.				
Ability to relate to friends and family members.				
Ability to attend to personal care (bathing, cooking, etc.)				
Ability to carry out household chores.				
Understand, carry out, and remember instructions.				
Perform tasks involving minimal intellectual effort or repetitive tasks.				
Perform varied tasks.				
Make independent judgements.				
Perform intellectually complex tasks requiring higher levels of reasoning, math, and language.				

For the illnesses or associated symptoms diagnosed, has the patient previously:

a) received medical treatments ❑ Yes ❑ No
b) consulted another physician ❑ Yes ❑ No
c) taken drugs ❑ Yes ❑ No
d) been hospitalized ❑ Yes ❑ No
e) undergone examinations ❑ Yes ❑ No

Specify the dates of previous episodes: ____________________

2. Treatment

2.1 Drugs - name - dosage - frequency: ____________________

2.2 Is the patient consulting;

a) a psychiatrist? ❑ Yes ❑ No

b) a psychologist? ❑ Yes ❑ No

c) a social worker? ❑ Yes ❑ No

d) another health care provider? ❑ Yes ❑ No

If yes, name of the caregiver: ____________________

2.3 Hospitalization: from ____________________ to ____________________

Name of hospital: ____________________

Please complete reverse side.

3. Follow-up and Prognosis

3.1 Date of first consultation for this disability: ____________________

3.2 Follow-up frequency: ____________________

3.3 Approximate duration of disability: No. of weeks or months ____________

3.4 Has the patient's condition within the past 12 months improved, worsened or stayed the same? Please specify: ____________________

____

4. Information Regarding Dependent

4.1 Is the dependent currently living with his or her parent(s)? ____________________

4.2 Is the dependent able to support him or her self financially? ____________________

4.3 If the dependent is not living with the parent(s), please explain the dependent's living situation. ____________________

____

____

____

5. Identification of Physician

5.1 Family name, given name: ____________________ Telephone: ____________

5.2 License Number: ____________________ Fax: ____________

❑ General Practitioner ❑ Specialist Specify: ____________________

Signature: ____________________ Date: ____________

6. Additional Comments

All Statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

At Western Financial Group Insurance Solutions, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:

- our employees and representatives in the performance of their jobs;
- persons to whom you have granted access in writing; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

Western Financial Group Insurance Solutions is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act (www.privcom.gc.ca). To learn more about Western Financial Group Insurance Solutions' commitment to privacy and security refer to our web site: www.westernfgis.ca

Signature of Employee	Date Signed (yy/mm/dd)

Complete and send to:
WestGUARD, Western Financial Group Insurance Solutions
201-600 Empress Street, Winnipeg, Manitoba R3G 0R5
Toll Free: 1-800-665-8990