



MEDICAL QUESTIONNAIRE

Name of Insured: _____

Date of Birth: _____
(MM/DD/YYYY)

Questionnaire is mandatory for age 75 and above (Answer options: Yes or No)

1. Was your most recent heart bypass, heart angioplasty (including stent placement) or heart valve surgery more than 10 years prior to your effective date? ☐ **Yes** ☐ **No**
2. Do you have both diabetes (for which you are taking medication) and a heart condition? ☐ **Yes** ☐ **No**
3. Have you ever had or are awaiting a bone marrow or organ transplant? ☐ **Yes** ☐ **No**
4. In the 24 months prior to your effective date have you been diagnosed with or treated for: ☐ **Yes** ☐ **No**
 - congestive heart failure?
 - a lung condition with prednisone (or other oral steroid medication) or home oxygen?
 - kidney or liver failure?
 - peripheral vascular disease?
5. In the 12 months prior to your effective date have you been diagnosed with or been treated for: ☐ **Yes** ☐ **No**
 - a heart attack?
 - stroke, transient ischemic attack (TIA) or mini-stroke?
 - cancer (excluding basal or squamous cell skin cancer or breast cancer treated only with hormone therapy)?
 - internal bleeding?

Important Notice

- ❖ Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy as your coverage may be subject to certain limitations or exclusions.
- ❖ Your policy may not cover medical conditions and/or symptoms that existed prior to your trip. *(Check to see how this applies in your policy and how it relates to your effective date)*
- ❖ In the event of an accident, injury or sickness, your prior medical history will be reviewed when a claim is reported

Eligibility (Applies to all ages)

To be eligible for coverage, on the effective date, the insured must:

1. be a visitor to Canada or a person in Canada under a valid work or student visa, a Canadian or an immigrant not eligible for benefits under a government health insurance plan; and
2. be at least 15 days of age and less than 90 years of age (less than 70 years of age for Comprehensive Care plan); and
3. not be travelling against the advice of a physician and/or not have been diagnosed with a terminal illness; and
4. not be experiencing new or undiagnosed signs or symptoms and/or know of any reason to seek medical attention; and
5. not require assistance with the activities of daily living (dressing, bathing, eating, using the toilet or getting in or out of a bed or chair).

Declaration

I declare that the insured is currently in good health and that the information provided is complete and true to the best of my knowledge. I acknowledge that if at the time of claim it is discovered that any question is not answered truthfully, accurately, and completely, it will result in the non-payment of any claim and my policy will be null and void and my premium will be refunded.

I confirm that the insured is eligible to purchase this policy and certify that the above information is correct.

Date (MM/DD/YYYY) _____

Name _____
(Purchaser/Beneficiary)

Signature _____