

Client name:

Contract No:

Applicable: to persons purchasing the **Emergency Medical Care** coverage

Age/Duration: 55-75, 31 days or less

Important: Any incomplete, erroneous or inaccurate statement shall render the travel insurance contract **NULL** and **VOID** in its entirety. The policyholder has been informed and states understanding the mentioned clause(s). Yes No

General Eligibility **Answer**

Each applicant confirms holding government health/hospital insurance from his / her province of residence. Yes No

Insurance Eligibility **Answer**

1 - Has your doctor advised you not to travel? Yes No

2 - Do you suffer from a terminal illness? Yes No

3 - Do you suffer from kidney failure treated through dialysis? Yes No

4 - In the past 5 years, have you been diagnosed with or treated for metastatic cancer? Yes No

5 - In the past 12 months, have you been prescribed or have you used oxygen at home? Yes No

If there is a « YES » to at least one of the questions, the person is ineligible for the travel insurance product

HEALTH DECLARATION

Section 1: Notice Regarding Pre-existing Medical Conditions

Under the **Emergency Medical Care coverage**, for an existing illness, injury or health issue to be covered during a trip, the pre-existing medical condition must be stable during the **6 months** prior to the departure date.

For a pre-existing medical condition to be considered stable, it must meet all the following criteria:

1. No new medical diagnosis has been made
2. No new symptoms appeared and there was no worsening or increase in the frequency of existing symptoms
3. No hospitalization has taken place
4. No new medication was prescribed or recommended
5. No change of dosage was made to a medication already prescribed or recommended (dose increased or decreased, or consumption stopped)[†]
6. No new treatment or medical test is pending or has been prescribed, ongoing or recommended
7. No ongoing treatment has been changed or discontinued
8. No prescribed or recommended treatment, nor medical advice has been ignored
9. Not have required the use of nitroglycerin more than once in a 7-day period for the relief of chest pains related to a heart condition
10. Not have required home oxygen treatments or corticosteroid therapy related to a pulmonary condition

Warning! Unstable medical conditions are not covered by the insurance and are not eligible for the medical questionnaire.

The policyholder has been informed and states understanding the mentioned clause(s). Yes No

Section 2: Annual Details

We must also inform you that exclusions relating to pre-existing medical conditions apply before each departure under the **Emergency Medical Care** coverage.

The policyholder has been informed and states understanding the mentioned clause(s). Yes No

Client signature: Date:

Telephone sale Yes No Agent name: Date: Time: