

Client name:

Contract No:

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

**Age/Duration:** 55-75, 32 days or over **AND** 76 or over, any duration

**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: Excluded Medical Conditions** **Answer**

- 6 - Have you ever been diagnosed with a cardiovascular condition?**  Yes  No  
 (If you answered YES, you must answer questions 6a to 6l inclusively before continuing to question 7.)
- a - Have you ever had a **heart attack** or **angina**?  Yes  No  
 If you answered **yes**:  
 Have you ever had bypass surgery?  Yes  No  
 Did your heart attack or angina occur within the last 6 months?  Yes  No  
 Have you taken nitroglycerin in the past 6 months?  Yes  No
  - b - Have you ever had heart **bypass** surgery?  Yes  No  
 If you answered **yes**, when was the procedure? (Tick the appropriate box)  
 Less than 3 months ago  3 or more months ago, but less than 6 months  6 months or more ago, but less than 7 years  7 or more years ago  
 Have you taken nitroglycerin in the past 12 months?  Yes  No
  - c - Have you ever had **angioplasty** (coronary dilatation/balloon/stent)?  Yes  No  
 If you answered **yes**:  
 Was the procedure within the last 6 months?  Yes  No  
 Have you taken nitroglycerin in the past 6 months?  Yes  No
  - d - Do you have a **pacemaker**?  Yes  No  
 If you answered **yes**, since when? (Tick the appropriate box)  
 Less than 6 months  6 or more months ago
  - e - Have you ever been diagnosed with **valvular heart disease** (heart valve problem)?  Yes  No  
 Have you ever had heart valve replacement surgery?  Yes  No  
 If you answered **yes**, when was the procedure? (Tick the appropriate box)  
 Less than 3 months ago  3 or more months ago, but less than 6 months  6 or more months ago, but less than 7 years  7 or more years ago
  - f - Have you ever had an **abdominal aortic aneurysm**?  Yes  No  
 If you answered **yes**, have you been operated for this condition?  Yes  No  
 If you have been operated for this condition, when was the procedure? (Tick the appropriate box)  
 Less than 1 month ago  1 month or more ago, but less than 6 months  6 or more months
  - g - Have you ever had a **thoracic aortic aneurysm**?  Yes  No
  - h - Have you ever been diagnosed with **arrhythmia** (heart rhythm disorder) such as, for example, tachycardia, ventricular tachycardia, bradycardia, atrial fibrillation, extrasystole, atrial flutter, bundle branch block?  Yes  No  
 If you answered **yes**: in the last 6 months, have you been to the emergency room (ER) or have you had a change in an existing medication, taken a new medication or stop taking a medication for your arrhythmia?  Yes  No
  - i - Do you have a **defibrillator**?  Yes  No
  - j - Have you ever been diagnosed with **heart failure**?  Yes  No

**Section 2: Determination of Personalized Premium**

10 - In which of the following height ranges do you fall into?

OR What is your height?

|   | Answer                |
|---|-----------------------|
| a - Less than 140 cm // Less than 4' 7" | <input type="radio"/> |
| From 140 to 147 cm // 4' 7" to 4' 10"   | <input type="radio"/> |
| From 148 to 155 cm // 4' 11" to 5' 1"   | <input type="radio"/> |
| From 156 to 163 cm // 5' 2" to 5' 4"    | <input type="radio"/> |
| From 164 to 170 cm // 5' 5" to 5' 7"    | <input type="radio"/> |
| From 171 to 178 cm // 5' 8" to 5' 10"   | <input type="radio"/> |
| From 179 to 185 cm // 5' 11" to 6' 1"   | <input type="radio"/> |
| From 186 to 193 cm // 6' 2" to 6' 4"    | <input type="radio"/> |
| Over 193 cm // Over 6' 4"               | <input type="radio"/> |

In which weight range do you fall into?

OR What is your weight?

|   | Answer                |
|---|-----------------------|
| b - Less than 58 kg // Less than 128 lb   | <input type="radio"/> |
| From 58 kg to 84 kg // 128 lb to 186 lb   | <input type="radio"/> |
| From 85 kg to 100 kg // 187 lb to 220 lb  | <input type="radio"/> |
| From 101 kg to 120 kg // 221 lb to 264 lb | <input type="radio"/> |
| From 121 kg to 140 kg // 265 lb to 308 lb | <input type="radio"/> |
| Over 140 kg // Over 308 lb                | <input type="radio"/> |

c - Client refuses to answer questions 10 a and / or b

- 11 - Have you ever been diagnosed with a **CVA** (Cerebrovascular accident or stroke), a **TIA** (Transient ischemic attack), **Parkinson's** disease or **Alzheimer's** disease?  Yes  No
- 12 - In the past 12 months, have you been diagnosed with or treated for **high blood pressure**?  Yes  No
  - a - If so, have you received ongoing drug treatment for at least 12 months without any change\*?  Yes  No
- 13 - In the past 12 months, have you been diagnosed with or treated for **high cholesterol**?  Yes  No
  - a - If so, have you received ongoing drug treatment for at least 12 months without any change\*?  Yes  No
- 14 - Have you ever been diagnosed with **diabetes**?  Yes  No
  - a - If so, has your diabetes been treated with insulin?  Yes  No
  - b - If you have answered yes but did not use insulin, have you been on an ongoing diet or received ongoing drug treatment for at least 12 months without any change\*?  Yes  No
- 15 - In the past 2 years, have you used tobacco?  Yes  No
- 16 - Have you had a medical check-up in the past 18 months?  Yes  No
- 17 a - Have you been **hospitalized** in the past 6 months?  Yes  No
- 17 b - Are you **awaiting surgery or treatments** or do you have any symptoms for which **investigations are now been carried out**?  Yes  No
- 17 c - Have you received a diagnosis of **osteoporosis**?  Yes  No

**For persons aged 76 and over only:**

- 18 - In the past 12 months, have you had a medical consultation resulting from a fall?  Not applicable  Yes  No
- \*Ongoing drug treatment without any change means that the dosage has remained the same and that you have not stopped taking the drug at any point.

**Section 3: Notice Regarding Pre-existing Medical Conditions (excluding the conditions mentioned in Section 1)**

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 4: 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.

**Medical Questionnaire**

Based on the answers given in Section 1 of the Health Declaration, a medical questionnaire may be provided. For more information, contact your distributor or the Insurer.

If eligible, does the person wish to have a medical questionnaire?.....  Yes  No

**Note to client:** Your insurance eligibility and applicable personalized premium have been determined based on the answers provided in this declaration. Please review this information and advise us **immediately** of any error. Failure to do so may result in the cancellation of your contract or in reduction of coverage.

Furthermore, please inform your agent if a health problem arises prior to your departure and request a new evaluation before leaving your province of residence, otherwise this condition may not be covered.