

Manulife Financial Travel Insurance

Medical Questionnaire and Application for **Travelling Canadians**

Instructions

Medical questions help us to determine your eligibility and premium rate.

1. If you are under the age of 60 and meet the Eligibility requirements in Section A Step 1, complete Section A Step 2 and Section B.
2. All other applicants must complete the entire Medical Questionnaire to apply for this insurance. If you are uncertain of your answers to any medical questions, please consult your doctor before completing this Medical Questionnaire.
3. All applications must be completed before the effective date of insurance.

Plan Information

Emergency Medical Single-Trip Plan – Provides coverage for a single trip while travelling outside your province or territory of residence.

Emergency Medical Multi-Trip Plan – Provides coverage for any number of trips up to the option you selected (4, 10, 18, 30 or 60 days). Trips must be separated by a return to your province or territory of residence or Canada. The Multi-Trip Plans offer unlimited travel within Canada (excluding your province or territory of residence).

Travel Canada Emergency Medical Plan – Provides coverage for a single trip while travelling within Canada and outside your province or territory of residence.

Definitions

Italicized words have a specific meaning. Please refer to the following definitions when completing the Medical Questionnaire.

Change in medication means the medication dosage, frequency or type has been reduced, increased or stopped, and/or new medication has been prescribed. Exceptions: the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in your *medical condition*; and a change from a brand name medication to a generic brand medication of the same dosage.

Medical condition means sickness, injury, disease or symptom(s), complication of pregnancy within the first 31 weeks of pregnancy.

Pre-existing condition means any disease, sickness or injury (including symptoms of undiagnosed conditions).

Stable – A *medical condition* is considered *stable* when all of the following statements are true:

1. there has not been any new *treatment* prescribed or recommended, or change(s) to existing *treatment* (including a stoppage in *treatment*), and
2. there has not been any *change in medication*, or any recommendation or starting of a new prescription drug, and
3. the *medical condition* has not become worse, and
4. there have not been any new, more frequent or more severe symptoms, and
5. there has been no hospitalization or referral to a specialist, and
6. there have not been any tests, investigation or *treatment* recommended, but not yet complete, nor any outstanding test results, and
7. there is no planned or pending *treatment*.

All of the above conditions must be met for a *medical condition* to be considered *stable*.

Treatment, Treated means hospitalization, a procedure prescribed, performed or recommended by a physician for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing and surgery. **IMPORTANT:** Any reference to testing, tests, test results or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Section A – Medical Questionnaire

Name of Applicant 1 _____

Name of Applicant 2 _____

Step 1: Are you eligible for coverage?

Eligibility. You must be at least 30 days of age and a Canadian resident covered by the Government Health Insurance Plan in your province or territory of residence for the entire duration of your trip. Coverage is NOT AVAILABLE under this policy or the Individual Medical Underwritten plan to any person who:

- is travelling against the advice of a physician;
- is diagnosed with a terminal illness or metastatic cancer;
- requires kidney dialysis;
- has been prescribed or used home oxygen in the last twelve (12) months;
- has had a bone marrow, stem cell or organ transplant (excluding cornea).

If you are not eligible to purchase this insurance, DO NOT complete this application.

Step 2: Your Declaration (Please read carefully before signing.)

I am eligible to apply to The Manufacturers Life Insurance Company (Manulife) for insurance under the Manulife Financial Travel Insurance policy. I declare that all the information I am providing on this application is true and complete. I understand the meaning of *treatment/treated*, as defined and used in this questionnaire.

I understand this coverage is subject to terms, conditions, limitations and exclusions (including the *pre-existing medical condition* exclusion) and that this coverage may exclude or limit an amount payable if I have a claim. I understand that if I misrepresent any material information provided in this application, Manulife will void my policy and I will not be covered for any benefits under this policy.

I authorize any hospital, physician, other medical service provider or any other organization or person that has any records or knowledge of me or my health to release to the assistance and claims service provider and/or Manulife and its reinsurers any such information for the purpose of this application and contract and any subsequent claim.

Applicant 1 Signature _____ Applicant 2 Signature _____ Date DD/MM/YYYY

Step 3: Do you require Individual Medical Underwriting?

You will need to answer the following questions to determine if you are eligible to purchase this insurance or our Individual Medical Underwriting Plan. If you are unsure of your answer to any medical question, consult your doctor before completing this application.

	Applicant 1		Applicant 2	
	YES	NO	YES	NO
1. Have you had a heart bypass, coronary angioplasty or heart valve surgery more than ten (10) years ago?				
2. In the last three (3) years , have you been diagnosed with, taken or been prescribed medication, or been <i>treated</i> for any two (2) of the following (if you only have one (1) of the following conditions, answer "NO"): <ul style="list-style-type: none"> • Heart condition; • Lung condition (except unrepeated prescription medications used for a single episode) (medication includes any puffers/inhalers); • Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (medication includes use of aspirin/Entrophen for this condition); • Diabetes (<i>treated</i> with medication and/or insulin); • Narrowed or blocked artery in the legs (also called Peripheral Vascular Disease)? 				
3. In the last two (2) years , have you: a) been diagnosed with, taken or been prescribed medication, or been <i>treated</i> for heart failure or congestive heart failure; and/or b) been prescribed or taken Lasix or furosemide or a water pill for ankle or leg swelling or water on the lungs?				
4. In the last twelve (12) months , have you had: a) a new heart condition, or had an existing heart condition for which you had a <i>change in medication</i> or were hospitalized (as an inpatient or seen in the emergency department); and/or b) shortness of breath or chest pain for which you sought <i>treatment</i> ; and/or c) a lung condition for which you were hospitalized (as an inpatient or seen in the emergency department) or for which you have been prescribed or taken prednisone; and/or d) cancer or received chemotherapy and/or radiotherapy and/or other <i>treatment</i> , other than routine follow-up, for cancer (except basal cell and squamous cell skin cancer, and breast cancer <i>treated</i> only with hormonal therapy)?				
5. In the last four (4) months , have you been prescribed or taken six (6) or more prescription medications? Do not count the following medications: hormone replacement therapy (thyroid or menopausal); drugs used for osteoporosis or traveller's diarrhea; or any form of immunization. Do not count topical medications that go in your nose, ears or eyes or on your scalp or skin except any form of nitroglycerine or any drug(s) for angina.				

If you must answer "YES" to ANY of the above questions, **you are not eligible** to purchase this insurance.

Please contact your agent/broker to apply for our Individual Medical Underwriting plan for coverage of your *pre-existing medical conditions*.

If you answered "NO" to ALL of the above questions, you are eligible to purchase this insurance. Proceed to Step 4.

Step 4: Find Your Rate Category

Applicant 1		Applicant 2	
YES	NO	YES	NO

Part 1 – Smoking Status

1. In the last **two (2) years**, have you smoked cigarettes and/or used vaping products or e-cigarettes?

Part 2 – Rate Qualification

1. Have you **ever** been diagnosed with or *treated* for:

- a) a heart condition; and/or
- b) any of the following conditions:
 - Aortic aneurysm (including thoracic or abdominal aneurysm)
 - Cirrhosis of the liver;
 - Parkinson’s disease;
 - Alzheimer’s disease or other form of dementia?

2. In the last **three (3) months**, have you been prescribed or taken a total of **three (3) or more** medications for high blood pressure (hypertension)?

3. In the last **five (5) years**, have you been diagnosed with, taken or been prescribed medication, or been *treated* for any of the following:

- Lung condition (except unrepeat prescription medications used for a single episode) (medication includes any puffers/inhalers);
- Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (medication includes use of aspirin/Entrophen for this condition);
- Diabetes (*treated* with medication and/or insulin);
- Narrowed or blocked artery in the legs or in the neck?

If you answered “**YES**” to ANY question in Step 4 – Part 2, you qualify for Rate Category C.

If you answered “**NO**” to ALL questions in Step 4 – Part 2, you must answer the questions in Step 4 – Part 3.

Part 3 – Rate Qualification

1. In the last **two (2) years**, have you been diagnosed with, taken or been prescribed medication, or *treated* for any of the following conditions:

- Gastrointestinal bleeding or bowel obstruction or have had bowel surgery;
- Chronic bowel disorder (such as, but not limited to, Crohn’s disease or ulcerative colitis);
- Kidney disorder (including stones) or liver disorder or pancreatitis;
- Gallbladder disorder (including stones. not applicable if gallbladder has been removed)?

2. In the last **two (2) years**, have you been diagnosed with and/or *treated* by a hematologist or an internist for a blood disorder?

3. Are you over 70, and have you had a fall for which you sought medical attention in the last **six (6) months**?

4. In the last **six (6) months**, have you received advice or *treatment* **more than twice** in the emergency room of a hospital?

If you answered “**YES**” to ANY question in Step 4 – Part 3, you qualify for Rate Category B.

If you answered “**NO**” to ALL questions in Step 4 – Part 3, you qualify for Rate Category A.

Rate Category

I am 60 years of age or older and based on my answers above, I qualify for the following rate category:

Applicant 1: A B C **Applicant 2:** A B C

IMPORTANT: The rate category you qualify for determines the *pre-existing medical condition* exclusion that applies to your coverage.

The *pre-existing medical condition* exclusions are detailed below.

NOTE: If you prefer to have your *pre-existing medical conditions* covered, contact your broker/agent to apply and get a quote for our Individual Medical Underwriting Plan. You may be provided with a quote for a **single-trip emergency medical plan and have your *pre-existing medical conditions* covered.**

Rate Categories and Pre-existing Medical Condition Exclusion

The following *pre-existing medical condition* exclusion applies to your Rate Category. All applicants 59 years of age or younger automatically qualify for Rate Category A.

Rate Category A. We will not pay any expenses relating to:

- a *pre-existing medical condition* that is not *stable* in the **three (3) months** before your effective date; and/or
- your heart condition if, in the **three (3) months** before your effective date, any heart condition has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
- your lung condition if, in the **three (3) months** before your effective date, any lung condition has not been *stable* or you required *treatment* with oxygen or prednisone for your lung condition.

Rate Categories B and C. We will not pay any expenses relating to:

- a *pre-existing medical condition* that is not *stable* in the **six (6) months** before your effective date; and/or
- your heart condition if, in the **six (6) months** before your effective date, any heart condition has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
- your lung condition if, in the **six (6) months** before your effective date, any lung condition has not been *stable* or you required *treatment* with oxygen or prednisone for your lung condition.