

## What do you need to know?

It's important to answer the Medical Questionnaire correctly. If you qualify for the insurance but you or a representative buying insurance on your behalf inaccurately answer any of the Rate Qualification questions, a **\$15,000 USD** deductible applies to any incident claimed, in addition to any other deductible you may have selected.

At the time of a claim, if the answers are not complete or accurate, coverage won't be provided until you correct your answers and, if applicable, you pay any additional premium that may be required.

**Q. When do you need to complete the Medical Questionnaire?**

**A.** If you are 60 years of age or older, and are travelling for more than two days outside of your province/territory of residence, you must answer the Medical Questionnaire to purchase one of the following plans:

- Multi Trip Annual Worldwide Medical
- Single Trip Worldwide Medical
- Single Trip Excluding USA Medical

**Q. Why do you need to complete the Medical Questionnaire?**

**A.** Your answers will determine the premium (cost) of your insurance.

**Q. Does answering the Medical Questionnaire mean you're covered for pre-existing medical conditions?**

**A.** No, it determines the premium of your insurance. Details about Pre-existing Medical Condition coverage are in the policy.

**Q. Can a representative answer the Medical Questionnaire on your behalf?**

**A.** Yes, but you should verify that the answers shown on the policy declaration are complete and accurate. If any of the answers are incorrect on your Medical Questionnaire, please let your agent know.

**Q. What should you do if you don't know how to answer a question?**

**A.** Refer to the "Definitions" and the "What else do you need to consider?" sections. If you're still unsure, talk to your physician for advice before completing the Medical Questionnaire.

## Are you eligible for coverage?

**At the time of application, you are eligible for coverage if:**

1. You are a Canadian resident.
2. You are not travelling against a physician or other registered medical practitioner's advice.
3. You have not been diagnosed with a terminal condition.
4. You are not receiving palliative care or palliative care has not been recommended.

## Rate qualification questions

All words in italics have a specific meaning with a corresponding definition. Refer to the “Definitions” section for details. All words marked with an asterisk (\*) have supporting information available. Refer to the “What else do you need to consider?” section for details.

### 1. Have you had any of the following? Choose the one most recent event.

- Myocardial infarction also known as heart attack, stroke or Transient Ischemic Attack (TIA) also known as mini-stroke
  - Less than 1 year ago
  - 1 to 5 years ago
  - More than 5 years ago
  - None
- Arterial by-pass, angioplasty and/or the placement of a stent for a cardiovascular condition
  - Less than 1 year ago
  - 1 to 5 years ago
  - More than 5 years ago
  - None

### 2. Do you currently have hypertension also known as high blood pressure?

- No
- Yes with no *alteration* to medication in the last 6 months
- Yes with an *alteration* to medication in the last 6 months

### 3. Have you had any of these conditions in the last 12 months?

Choose a condition if, in the specified timeframe, you had the condition, whether or not you received any medical care for it. This includes conditions controlled or managed by medication, a medical device, diet or exercise.

#### CARDIOVASCULAR

- Aortic aneurysm that is 4cm or larger
- Angina
- Congestive heart failure also known as pulmonary edema
- Coronary Artery Disease (CAD)\*
- Deep Vein Thrombosis (DVT)
- Arteriosclerosis and/or atherosclerosis also known as hardening of the arteries
- Peripheral Vascular Disease (PVD)
- Atrial fibrillation\*
- High cholesterol
- None

#### RESPIRATORY

- Asthma requiring prednisone
- Asthma not requiring prednisone
- Two or more bronchitis episodes
- Pneumonia
- Chronic Obstructive Pulmonary Disease (COPD), including emphysema, requiring home oxygen
- Chronic Obstructive Pulmonary Disease (COPD), including emphysema, not requiring home oxygen
- None

#### GASTROINTESTINAL

- Peptic ulcer, either stomach or duodenal
- Crohn's disease, diverticulitis\*, inflammatory bowel disease, bowel obstruction and/or ulcerative colitis
- Gastroesophageal reflux disease (GERD)\* also known as chronic acid reflux
- None

# Medical Questionnaire

## CANCER

- Pancreatic cancer
- Liver cancer
- Any type of cancer that has metastasized or that required a bone marrow transplant, excluding pancreatic or liver cancer
- Any other types of cancer. Exclude basal cell and squamous cell skin cancer and/or cancer that is in *remission*
- None

## 4. Have you had any of these conditions in the last 12 months?

Choose a condition if, in the specified timeframe, you had the condition, whether or not you received any medical care for it. This includes conditions controlled or managed by medication, a medical device, diet or exercise.

- Arthritis\*
- Diabetes requiring insulin
- Diabetes not requiring insulin\*
- Gallbladder disease, including gallstones
- Hyperthyroidism
- Hypothyroidism
- Kidney stones
- Kidney disease requiring dialysis
- Kidney disease not requiring dialysis
- Dementia including Alzheimer's disease
- Osteoporosis
- Parkinson's Disease (PD)
- Pancreatitis
- Liver disease, excluding liver cancer
- Two or more bladder infections\*
- None

## 5. In the last 12 months, have you smoked any tobacco products, or vaped any nicotine products (including e-cigarettes)?

- Yes
- No

## Definitions

### Alteration

The medication usage, dosage or type has been increased, decreased or stopped and/or a new medication has been prescribed.

Alteration does not include:

- a) Changes in brand to an equivalent name brand or to an equivalent generic brand of the same or equivalent usage or dosage; or,
- b) Routine dosage adjustments within prescribed parameters for insulin or oral diabetes medication to ensure correct blood levels are maintained; blood sugar levels must be checked regularly and the medical condition must remain unchanged; or,
- c) Routine dosage adjustments within prescribed parameters for blood thinner medication to ensure correct blood levels are maintained; blood levels must be checked regularly and the medical condition must remain unchanged; or,
- d) A temporary stoppage of blood thinner medication up to a maximum of 24 hours if the stoppage is required for a surgery or a procedure; or,
- e) Usage changes due to the combination of several medications into one; the medical condition must remain unchanged.

### Remission

The decrease in or the disappearance of signs and symptoms of cancer and/or the removal of cancer as determined by your physician and noted in your medical records.

Remission can be complete or partial. Complete remission means the disappearance of all signs or symptoms. Partial remission means a decrease in or disappearance of some, but not all, signs and symptoms.

## What else do you need to consider?

The following information is for general reference only. You should consult your physician(s) for more detailed information about medical conditions that may affect you.

### Arthritis

If you've been diagnosed with any type of arthritis such as osteoarthritis, rheumatoid arthritis or psoriatic arthritis, choose this condition.

### Atrial fibrillation

Atrial fibrillation is a type of arrhythmia. Choose this condition if you've been diagnosed specifically with atrial fibrillation and not any other type of arrhythmia or dysrhythmia.

### Bladder infection

A bladder infection is a specific type of Urinary Tract Infection (UTI). Choose this condition if you've had two or more bladder infections, and not any other types of UTIs.

### Coronary Artery Disease (CAD)

Coronary Artery Disease can be caused by arteriosclerosis and/or atherosclerosis. If you've been diagnosed with CAD and arteriosclerosis and/or atherosclerosis, choose all these conditions.

### Diabetes not requiring insulin

If you've been diagnosed with diabetes that's treated either by lifestyle changes such as diet, exercise or with any kind of medication other than insulin, choose this condition.

Don't choose this condition if you've been diagnosed with Impaired Glucose Intolerance (IGT), also known as pre-diabetes.

### Diverticulitis

If you've only been diagnosed with diverticulosis, don't choose this condition. However, if you've been diagnosed with diverticulitis and diverticulosis, choose this condition.

### Gastroesophageal Reflux Disease (GERD)

If you've been diagnosed with GERD that's treated with prescribed medication such as proton pump inhibitors to stop the production of acid in the stomach, choose this condition.

Don't choose this condition if you have occasional heartburn or acid reflux that hasn't been diagnosed as GERD, even if you're taking over-the-counter medication for it such as TUMS® or Rolaids®.

### Experimental treatment

If you've been diagnosed with a condition and are receiving experimental treatment for it, whether the experimental treatment has been approved by Health Canada or not, choose that condition.

### Medical study

If you've been diagnosed with a condition and are participating in a medical study for it, choose that condition.

I confirm that I have answered this Medical Questionnaire accurately as it relates to my health conditions.

\_\_\_\_\_  
Name of Insured/Patient

\_\_\_\_\_  
Policy Number

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date DD | MM | YYYY

