MEDICARE INTERNATIONAL TRAVEL INSURANCE

Policy # _____

VERSION M15 MEDICAL QUESTIONNAIRE

For Applicants aged 60 and older applying for the Single Trip Emergency Medical, Multi-trip Emergency Medical or Multi-trip All-Inclusive plans.

Applicant 1 Name	Gender	Date of Birth	Applicant 2 Name	Gender	Date of Birth
Print Name	☐ M ☐ F	MM/DD/YYYY	Print Name	☐ M ☐ F	MM/DD/YYYY

We want to make applying for travel insurance as easy as possible for you. In order to determine your eligibility and rate category, we need you to answer some medical questions. The 3rd page of this document contains definitions. Please review them before completing the questionnaire. If you are uncertain of your answers, please consult your doctor before completing this questionnaire.

Section 1 Are you eligible for coverage?

Eligibility

You must be at least 30 days of age at the time of application and a Canadian resident covered by a Government Health Insurance Plan (GHIP) for the entire duration of your trip. You are not eligible for any emergency medical insurance if any of the following apply:

- Have been advised by a physician not to travel;
- Have been diagnosed with a terminal illness with less than 6 months to live;
- Have a kidney condition that requires dialysis; or
- Used home oxygen during the 12 months before you applied for this insurance.

Section 2 Do you require Individual Medical Underwriting?

You will need to answer the following questions to determine if you are eligible to purchase travel emergency medical insurance or our Individual Medical Underwriting Plan.	Applicant 1		Applicant 2	
	Yes	No	Yes	No
1. Have you had 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 *treated* for any two (2) of the following? If you only have one (1) of the following conditions, answer "**NO**". **a)** Heart condition; **b)** Lung condition, except unrepeated prescribed medications used for a single episode (medication includes any puffers/inhalers); **c)** Stroke/ CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (medication includes use of aspirin/Entrophen for this condition); **d)** Diabetes (*treated* with medication and/or insulin); **e)** 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 *treated* 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 change in medication 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 *treatment*; and/or **c)** Cancer or received chemotherapy and/or radiotherapy and/or other *treatment*, other than routine follow-up, for cancer (except basal cell and squamous cell skin cancer, and breast cancer *treated* only with hormonal therapy); and/or **d)** 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?	☐	☐	☐	☐
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 answer "**YES**" to ANY of the above questions, you are not eligible to purchase Medicare International Travel Insurance. Contact your agent or 21st Century to obtain a quote for the Individual Medical Underwriting Plan.

If you answered "**NO**" to ALL of the above questions, you are eligible. Proceed to Section 3 on page 2.

Section 3 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: **a)** Lung condition except unrepeated prescription medications used for a single episode (medication includes any puffers/inhalers); **b)** Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (medication includes use of aspirin/Entrophen for this condition); **c)** Diabetes (treated with medication and/or insulin); or **d)** Narrowed or blocked artery in the legs or in the neck?	☐	☐	☐	☐
If you answered "**YES**" to ANY question in Part 2 – Rate Qualification, you qualify for Rate Category C. If you answered "**No**" to ALL questions in Part 2 – Rate Qualification, continue to Part 3 – Rate Qualification.				
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: **a)** Gastrointestinal bleeding **or** bowel obstruction **or** have had bowel surgery; **b)** Chronic bowel disorder such as, but not limited to, Crohn's disease or ulcerative colitis; **c)** Kidney disorder (including stones) **or** liver disorder **or** pancreatitis; **d)** 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 **age 71 or older**, 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* in the emergency room of a hospital **three (3) or more times**?	☐	☐	☐	☐

If you answered "**YES**" to ANY question in Part 3 – Rate Qualification, you qualify for Rate Category B.
If you answered "**No**" to ALL questions in Part 3 – Rate Qualification, you qualify for Rate Category A.

Declaration

I declare that all information I provide in this application for insurance is true and complete.

I understand that "*treatment*" and "*treated*" as used in the questionnaire 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.

I understand that this coverage is subject to terms, conditions, limitations, and exclusions, including any applicable *pre-existing condition* exclusions, and this policy 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, medical service provider, any organization, or person that holds my records or has knowledge of me and my health to release this information to the Assistance Centre and/or Manulife and its reinsurers for the purpose of this application, contract, and any subsequent claims.

Your Signature confirms your declaration, eligibility and responses to all medical questions within this document.

Applicant 1: _____ Applicant 2: _____ Date: _____

Instructions for Agents

1. Have your client complete this medical questionnaire form and issue the policy in TIPS. Make sure you select the appropriate Rate Category and Smoker Status.
2. If your client has any "yes" answer in "Section 1 – Are you eligible for coverage?", they do not qualify for any Emergency Medical policy with 21st Century (they may still be eligible for non-medical travel insurance).
3. If your client has any "yes" answer in "Section 2 – Do you require Individual Medical Underwriting?", they do not qualify for Emergency Medical coverage under Medicare International. Save a quote in TIPS and contact 21st Century to arrange Individual Medical Underwriting.
4. Email or fax the completed medical questionnaire form to 21st Century within 3 business days of issuing the policy.
   Email: info@21stcenturytravelins.com
   Fax: 1-866-285-5727

Rate Categories and *Pre-existing Condition* Exclusion

The following *pre-existing condition* exclusion applies to your Rate Category.

Rate Category A & Under Age 60. We do not pay any expenses related to:

- Any *pre-existing condition* that was not *stable* in the **3 months** before your *effective date*
- Any heart condition that was not *stable* or that required any form of nitroglycerine to relieve angina pain in the **3 months** before your *effective date*
- A lung condition that was not *stable* or that required *treatment* with oxygen or prednisone in the **3 months** before your *effective date*

Rate Category B and C. We do not pay any expenses related to:

- Any *pre-existing condition* that was not *stable* in the **6 months** before your *effective date*
- Any heart condition that was not *stable* or that required any form of nitroglycerine to relieve angina pain in the **6 months** before your *effective date*
- A lung condition that was not *stable* or that required *treatment* with oxygen or prednisone in the **6 months** before your *effective date*

Definitions

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

Change in medication – when the medication type, dosage, or frequency is reduced, increased, stopped, and/or new medications are prescribed. Exceptions: regular blood tests that result in routine adjustments of Coumadin, warfarin, or insulin as long as these medications are not newly prescribed or stopped; or changing from a brand name medication to the same dose of a generic medication.

Effective date – the date your coverage starts. For Multi-trip policies, Emergency Medical Insurance starts every time you leave *home*.

Home – your Canadian province or territory of residence. If you request that your coverage starts when you leave Canada, *home* means Canada.

Medical condition – any disease, sickness, or injury (including symptoms of undiagnosed conditions).

Pre-existing condition – any *medical condition* that exists prior to your *effective date*.

Stable – a *medical condition* when all of the following statements are true:

1. There has not been any new *treatment* prescribed or recommended, or change 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 these conditions must be met for a *medical condition* to be considered *stable*.

Treatment, Treated – 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 tests" 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.

The Medicare International Travel Insurance plan is administered by 21st Century Travel Insurance Limited (o/a 21st Century Travel Insurance Services in British Columbia).

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