

Underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

## Important notes about completing this questionnaire

### The Medical Questionnaire must be completed if you are:

- age 60 to 74 travelling for more than 60 days; or
- aged 75 and over

Each person must complete a separate Medical Questionnaire. Please note for All-inclusive, a separate Medical Questionnaire for Trip Cancellation & Interruption may be required.

To be eligible for Emergency Hospital & Medical Insurance coverage, **you must, as of the date you apply for coverage and the effective date:**

- a) be a Canadian resident; and
- b)
  - i. be at least 15 days old and no more than 59 years old; or
  - ii. be at least 60 years old but no more than 74 years old and travelling for no more than 60 days; or
  - iii. be at least 60 years old but no more than 74 years old and travelling for 61 days or more and have correctly completed the medical questionnaire; or
  - iv. be at least 75 years old and have correctly completed the medical questionnaire; and
- c) be insured for benefits under a Canadian government health insurance plan during the entire policy period.

Medical questions help us determine your rate category and the appropriate premium.

**If you are age 60 to 84 years of age and do not wish to complete this Medical Questionnaire, you may select non-underwritten coverage and you will qualify for Plan 5.**

**If you are 85 years of age and over, you do not have this option; you must complete this Medical Questionnaire in full.**

Only YOU, the applicant, can complete and sign this Medical Questionnaire.

**Your travel professional is not permitted to assist you in the completion of this Medical Questionnaire.**

You can complete and submit this Medical Questionnaire up to 180 days ahead of your departure date.

If you are uncertain about the accuracy of your answers to any of the medical questions, please ask your doctor to verify those responses before completing the Medical Questionnaire. Any fee required for this service will be your responsibility.

**Your medical history:** When answering the medical questions, your answers must be complete and accurate. When adjudicating a claim, we will review your medical history. If any of your answers are found to be incorrect or incomplete, your coverage may be null and void.

**Your medical conditions:** If you have received anything from a medical professional, including investigation, advice, a prescription, a diagnosis, any *treatment*, medication or hospitalization, take it into consideration when answering the medical questions.

**Your prescriptions:** If you have taken a prescription medication, or were prescribed a medication and you did not fill the prescription or open the bottle, please include it when answering the medical questions.

Your insurance contains pre-existing condition exclusions for travellers of any age. These exclusions apply to medical conditions and/or signs or symptoms that existed on or before your departure date or *effective date*. Check to see how this applies in your coverage and how it relates to your departure date, purchase date and *effective date*.

### How to complete this questionnaire

- If selecting underwritten coverage, answer all questions.
- Only YOU, the applicant, can complete and sign this Medical Questionnaire. Your travel professional is **not** permitted to assist you.
- Any incorrect answers may render your coverage null and void.
- One Medical Questionnaire must be completed for each person applying for insurance.

## Key Terms Used in this Questionnaire

**Artery or vein disorder** includes aneurysm, atherosclerosis, blood clots, carotid artery stenosis, deep vein thrombosis (DVT), peripheral vascular disease (PVD), varicose veins (not including spider veins), thrombophlebitis.

**Auto-immune disorder** includes acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV), Graves' disease, Lou Gehrig's disease, multiple sclerosis, myasthenia gravis, sarcoidosis any location, scleroderma, systematic lupus erythematosus.

**Blood disorder** includes anemia (other than vitamin B-12 deficiency anemia), hemochromatosis, idiopathic thrombocytopenic purpura (ITP), hemophilia, polycythemia vera, thrombophilia, thalassemia, Sickle-cell anemia.

**Digestive tract disorder** includes Crohn's disease, bowel, colon and intestinal disorder, diverticulitis, diverticulosis, esophagus disorder, hernia, stomach disorder, gastritis, inflammatory bowel disease, irritable bowel syndrome (IBS), ulcer, ulcerative colitis. Digestive tract disorder does not include gastroesophageal reflux disease (GERD), heartburn and acid reflux.

**Effective date** means the later of:

- a) the date indicated as the effective date on your confirmation of coverage; or
- b) the date you exit your province or territory of residence for each trip.

**Heart condition** includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, congestive heart failure, cardiomyopathy, carotid artery occlusion, heart attack (myocardial infarction), heart murmur, irregular heart rate or beat, any other condition relating to the heart or cardiovascular system.

**Heart surgery** includes ablation, angioplasty, heart bypass operation, implanted defibrillator, implanted pacemaker, valve replacement (repair), valvuloplasty.

**Lung/respiratory condition** includes asbestosis, bronchial asthma, bronchiectasis, chronic asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, sleep apnea (using a CPAP machine), tuberculosis.

**Major organ** means heart, kidney, liver or lung.

**Medical consultation** means any medical services obtained from a licensed medical practitioner for a sickness, injury or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or **treatment**, and during which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical signs or symptoms existed between check-ups or were found during the check-up.

**Minor ailment** means a sickness or injury which ended more than 30 days prior to the **effective date** and which did not require:

- a) **treatment** for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a physician; or
- c) hospitalization, surgery, or referral to a specialist.

**Muscle, Bone and Joint disorder** includes arthritis, degenerative disc disease (DDD), fibromyalgia, herniated disc, osteoporosis, osteopenia, rheumatoid arthritis, sciatica, scoliosis, spinal stenosis, spondylitis/spondylosis.

**Signs or symptoms** means any evidence of disease experienced by you or recognized through observation.

**Stable** describes any medical condition or related condition, including any **heart condition** or **lung/respiratory condition**, for which:

- a) there has been no new **treatment**; and
- b) there has been no change in **treatment** or change in **treatment** frequency or type; and
- c) there have been no **signs or symptoms** or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and you are not awaiting the results of investigations performed by any medical professional.

The following are considered stable:

- a) Routine (not prescribed by a physician) adjustment of insulin or Coumadin (Warfarin) provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on your confirmation of coverage.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on your confirmation of coverage and there is no increase or decrease in dosage.
- c) A **minor ailment**.

**Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician including, but not limited to, prescribed medication, investigative testing or surgery.

Your travel professional is not permitted to help you complete this Medical Questionnaire.

**Applicant Information**

First name	Last name	Date of birth
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I am 60 to 84 years of age and am selecting non-underwritten coverage.  Yes 200 points  
 By selecting this coverage, you do not have to answer the medical questions and can proceed directly to the Qualification section on page 4.

Medical questions – answer all questions

			Points for Yes answers
1. In the last 24 months, have you used any tobacco product?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	10
2. Was your last regular check-up with a physician more than 18 months ago?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	10
3. Have you received or are you awaiting a bone marrow or <i>major organ</i> transplant? ( <i>major organ</i> means heart, kidney, liver or lung)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	200
4. a) Have you ever had heart surgery?	<input type="checkbox"/> No Go to Q5	<input type="checkbox"/> Yes Go to 4b	
b) Was it more than 12 years ago?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	200
5. In the last 5 years, have you:			
a) been diagnosed with or had any <i>heart condition</i> ; or			
b) been prescribed medication or <i>treatment</i> for any <i>heart condition</i> ; or			
c) taken prescription medication for any <i>heart condition</i> ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
6. For any <i>heart condition</i> , in the last 12 months, have you:			
a) been hospitalized and visited the emergency room; or			
b) been prescribed or used water pills or diuretics for Congestive Heart Failure; or			
c) used any form of nitroglycerin (spray, patch or pill) for the relief of angina/chest pain?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	200
7. For any of the following conditions, in the last 12 months have you:			
• been diagnosed with or had the condition; or			
• been prescribed medication for the condition; or			
• taken prescription medication for the condition; or			
• received <i>treatment</i> for the condition; or			
• received <i>medical consultation</i> or investigation for the condition?			
a) <i>auto-immune disorder</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	200
b) stroke or mini-stroke (TIA or transient ischemic attack)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	200
c) any cancer (other than basal or squamous cell skin cancer or breast cancer treated with hormone therapy)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
d) Alzheimer’s disease, dementia, Parkinson’s disease, seizure or epilepsy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	40
e) diabetes (NOTE: if your blood sugar levels are monitored regularly by your physician or by home glucose monitoring, or you have received counseling about specific dietary changes as a result of your blood sugar levels (by a physician or a dietician), you must answer YES.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	40
f) liver, kidney disorder, spleen and / or pancreatic disorder	<input type="checkbox"/> No	<input type="checkbox"/> Yes	50
g) <i>blood disorder</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	200
h) prostate or urinary disorder	<input type="checkbox"/> No	<input type="checkbox"/> Yes	30
i) <i>artery or vein disorder</i> (not including spider varicose veins)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	50
j) unrepaired aneurysm larger than 4 cm in length or diameter	<input type="checkbox"/> No	<input type="checkbox"/> Yes	200
k) <i>digestive tract disorder</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
l) <i>muscle, bone and joint disorder</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	30

8. For any <b>lung/respiratory condition</b> , in the last 12 months, have you:			
a) been prescribed and used home oxygen or prednisone; or	<input type="checkbox"/> No	<input type="checkbox"/> Yes	200
b) been admitted to hospital and/or visited the Emergency room?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
c) taken or been prescribed any medication, including puffers, for more than 10 consecutive days? (Note: if you are prescribed puffers on an ongoing basis to prevent or treat any lung/breathing condition you must answer YES to this question.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	30
9. In the last 3 months, have you been prescribed or taken medication to treat or prevent high blood pressure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	30
10. In the last 12 months, have you been diagnosed with, investigated, received treatment for, or had: a chronic kidney disorder, renal failure, or a kidney disease requiring dialysis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	200
11. In the last 12 months, have you had a <b>medical consultation</b> , been diagnosed with, received prescribed medications or <b>treatment</b> for, or had: kidney stones or gallstones or gallbladder disease?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	30

Add up the number of points for Yes answers Total points:

## Qualification

Your **Plan Option** qualification is based on your total points. Please initial to indicate which plan option you qualify for based on your total points.

Initials	Total points	Plan	Pre-existing condition exclusion (refer to your policy for complete exclusion details)
	0 points (no to all questions)	Plan 1	Coverage is not provided for any medical condition or related condition which was not <b>stable</b> in the <b>90 days</b> immediately before the <b>effective date</b> .
	10 to 40 points	Plan 2	
	50 to 80 points	Plan 3	Coverage is not provided for any medical condition or related condition which was not <b>stable</b> in the <b>180 days</b> immediately before the <b>effective date</b> .
	90 to 190 points	Plan 4	
	200 points or more	Plan 5	Coverage is not provided for any medical condition or related condition for which you received investigation or <b>treatment</b> in the <b>180 days</b> immediately before the <b>effective date</b> .

**Note:** Your signature is acknowledgement that you understand that all questions must be correctly answered or there is no coverage for any condition.

- I have read the above. I understand it and declare that all answers to this Medical Questionnaire are correct.
- I understand that this Medical Questionnaire and the answers I provided are part of a contract provided through AZGA Service Canada Inc. o/a Allianz Global Assistance.
- I acknowledge that any policy that is issued to me on the basis of the answers given on this Medical Questionnaire will

be void and I will not have coverage for any medical condition if any answer given or my total points are not correct.

- I agree and require that this and all related documents be drawn up in the English language. Je demande que cette Demande d'assurance et questionnaire médical ainsi que toute documentation soient rédigées en anglais.
- I understand that I qualify for the Plan that corresponds to my total points and that, in addition to all other applicable terms and conditions of coverage, the related pre-existing condition exclusion applies to me.

### Only you (the applicant) can complete and sign the Medical Questionnaire.

Name	Signature	Date completed
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THIS SECTION ONLY TO BE COMPLETED BY TRAVEL PROFESSIONAL

	Agency code	Policy number
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Once the policy has been sold, please submit a copy of pages 3 and 4 to Allianz Global Assistance by email to [directuw@allianz-assistance.ca](mailto:directuw@allianz-assistance.ca) or by fax to 1-866-256-2377. Return the original to the client to include with their policy documents.