

Travel insurance is underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies and administered by Allianz Global Assistance. Allianz Global Assistance is a registered business name of AZGA Service Canada Inc.

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. Medical questions help us determine your eligibility, rate table classification and pre-existing conditions exclusion.

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

You can complete and submit this Medical Questionnaire up to 365 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 deemed null and void by the insurer.

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

Your prescriptions: If you have taken a 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.

Important note about pre-existing conditions

The insurance policy 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. For full terms and conditions, please refer to the policy booklet.

Important note about changes in your health:

If you experience a change in your health **before** the effective date stated on your confirmation of coverage, contact your insurance representative to see how this may affect your policy. In addition, for multi-trip plans, if your health changes **after** the effective date stated on your confirmation of coverage, your eligibility will not be affected, but coverage for that medical condition will be subject to your pre-existing conditions exclusion. For full terms and conditions, please refer to the policy booklet.

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.

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

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), and thrombophlebitis.

Heart condition includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, 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 (replacement or repair), valvuloplasty.

Lung/respiratory condition includes asbestosis, bronchiectasis, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, pulmonary edema, tuberculosis.

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

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

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:

- there has been no new **treatment**; and
- there has been no change in **treatment** or change in **treatment** frequency or type; and

- there have been no **signs or symptoms** or new diagnosis; and
- there have been no test results showing deterioration; and
- there has been no hospitalization; and
- 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:

- Routine (not prescribed by a physician) adjustment of insulin to control diabetes provided the insulin was not first prescribed during the time period specified in the Pre-existing Conditions Exclusion shown on your confirmation of coverage.
- 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.
- The routine adjustment of Coumadin or Warfarin provided the Coumadin or Warfarin was not first prescribed during the time period specified in the Pre-existing Conditions Exclusion shown on your confirmation of coverage.
- 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.

Applicant Information

First name	Last name	Date of birth
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Section 1 – Eligibility

Coverage is only available if you are insured for benefits under a Canadian government health insurance plan during the entire period of coverage, and you meet the following eligibility requirements

on both the application date and the effective date stated on your confirmation of coverage.

You are not eligible for coverage if you:

- have received **treatment** for any cancer in the last 3 months (this does not include **treatment** for basal cell or squamous cell skin cancer, or breast cancer treated only with hormone therapy); or
- have a diagnosed unrepaired aneurysm of 4 centimeters or greater, measured in either length or diameter; or
- require assistance with any of the following as a result of a medical condition or state of health:
 - eating, or
 - bathing, or
 - using the toilet, or
 - changing positions (including getting in and out of a bed or chair), or
 - dressing.

Do you confirm you are eligible to apply? No Yes

If you answer NO to this question, you are not eligible for this insurance.

If you answer YES to this question, proceed to Section 2(a).

Section 2(a) – Medical Questions

			Points for Yes answers
1. Have you ever:			
a) received, or are you awaiting, a stem cell, bone marrow, heart, kidney, liver or lung transplant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
b) been diagnosed with or received treatment for Stage IV or Stage V chronic kidney disease or kidney disease requiring dialysis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
c) been diagnosed with or received treatment for heart failure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
d) been diagnosed with or received treatment for acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
e) been diagnosed with or received treatment for Parkinson's disease, Alzheimer's disease or dementia?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
f) been diagnosed with or received treatment for Stage III or Stage IV cancer?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
2. In the last 6 months have you:			
a) been prescribed or used home oxygen or prednisone for a lung/respiratory condition ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
b) had any heart surgery or used any form of nitroglycerine?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
c) had a stroke or mini-stroke (TIA or transient ischemic attack)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100
3. Was your most recent heart surgery more than 15 years ago? (answer no if you have never had heart surgery)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	100

If you answer YES to ANY questions in Section 2(a), you qualify for Rate Table 7. Please proceed to Section 3.

If you answer NO to ALL questions in Section 2(a), please proceed to answer ALL questions in Section 2(b) and Section 3.

Section 2(b) – Medical Questions

			Points for Yes answers
4. Was your last visit to a physician or nurse practitioner more than 12 months ago?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	20
5. In the last 24 months have you been diagnosed with, had an investigation for, been prescribed or taken medication for, or received treatment for:			
a) heart condition (including pacemaker or defibrillator, even if the procedure was completed more than 36 months ago)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	40
b) high blood pressure treated with 3 or more medications at one time (including any water pill)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	10
c) high blood pressure treated with 1 or 2 medications at one time (including any water pill)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	5
d) lung/respiratory condition (excluding asthma)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	25
e) asthma?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	10
f) stroke (CVA), mini-stroke (TIA)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	30
g) artery or vein disorder ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	25
h) diabetes controlled by: - insulin, or - insulin and oral medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	25
i) diabetes controlled only by oral medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	15
j) gallbladder condition, kidney condition (excluding kidney stones), liver condition, spleen condition, pancreatic condition, or hernia?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	25
k) cancer (other than basal cell or squamous cell skin cancer, or breast cancer treated only with hormone therapy)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	20
l) Crohn's disease, kidney stones, prostate or urinary condition, diverticulitis, inflammatory bowel disease, ulcerative colitis, bowel surgery (excluding benign polyps), gastric bypass ulcer, gastrointestinal bleeding, or gastritis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	15

Add up the number of points for Yes answers

Total points:

Section 3 – Surcharges

6. Have you smoked or used tobacco products in the last 12 months?

No

Yes

10%

If you answer YES to Question 6, a 10% surcharge will be applied to your premium.

Section 4 – Rate Table Classification

Your rate table classification and pre-existing conditions exclusion is based on your total points. Please initial to indicate which Rate Table you qualify for based on your total points.

Initials	Total points	Rate Table	Pre-existing condition exclusion (refer to your policy for complete exclusion details)
	0 – 5	Table 1	Coverage is not provided for any medical condition or related condition that was not stable at any time during the 90 days immediately before the effective date.
	6 – 14	Table 2	Coverage is not provided for any medical condition or related condition that was not stable at any time during the 180 days immediately before the effective date.
	15 – 24	Table 3	
	25 – 49	Table 4	
	50 – 74	Table 5	
	75 - 99	Table 6	
	100+	Table 7	Coverage is not provided for any medical condition or related condition for which you received treatment at any time before the effective date.

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 with CUMIS General Insurance Company, administered by 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 Rate Table 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 the completed Medical Questionnaire to Allianz Global Assistance by email to directuw@allianz-assistance.ca or by fax to 1-866-256-2377. Return the original to the client to include with their policy documents.