MEDICARE INTERNATIONAL TRAVEL INSURANCE

 Policy # _____

VERSION M14 MEDICAL QUESTIONNAIRE - AGE 60 OR OVER ONLY

Applicant 1 Name	Gender	Date of Birth	Applicant 2 Name	Gender	Date of Birth
PLEASE PRINT	❑ M ❑ F	M M / D D / Y Y	PLEASE PRINT	❑ M ❑ F	M M / D D / Y Y

ABOUT THE MEDICAL QUESTIONS – Medical questions help us to determine eligibility, assess risk and determine the premium rate that is appropriate. If you are uncertain of your answers to any of the medical questions, please consult your doctor before completing this application for insurance.

Treatment/treated, italicized in this questionnaire, means hospitalization, prescribed medication (including medication prescribed "as needed"), medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner. 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.

WHO CAN APPLY? - PART 1 – You must be 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 if any of the following apply 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 Medicare International Travel Insurance, **DO NOT** complete this questionnaire.

DECLARATION

PLEASE READ CAREFULLY: I apply to The Manufacturers Life Insurance Company (Manulife) for insurance under the Medicare International Travel Insurance policy administered by 21st Century Travel Insurance Limited (o/a 21st Century Travel Insurance Services in British Columbia). I declare that all information I am providing on this application form and medical questionnaire (if required) is true and complete. I understand that the Medicare International Travel Insurance policy is subject to terms, conditions and exclusions (including the pre-existing condition exclusion) and may exclude or limit an amount payable if I have a claim. I understand the meaning of treatment/treated, as used and italicized in this medical questionnaire. I also 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 appointed by Manulife, and/or Manulife and its reinsurers and/or 21st Century Travel Insurance Limited, any such information for the purpose of this application and contract and any subsequent claim.

By proceeding to Part 2, you are indicating that you are eligible to apply and that you have read and agree with the contents of the above Declaration.

ELIGIBILITY FOR MEDICARE INTERNATIONAL TRAVEL INSURANCE - PART 2 - DO YOU REQUIRE INDIVIDUAL MEDICAL UNDERWRITING?

	Applicant 1	Applicant 2
1. In the last **four (4) months**, have you taken or been prescribed **seven (7) 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.	❑ Yes ❑ No	❑ Yes ❑ No
2. In the last **twelve (12) months**, have you had: a) a new heart condition, or 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) a lung condition for which you were hospitalized (as an inpatient or seen in the emergency department) or for which you have taken or been prescribed prednisone; and/or d) 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)?	❑ Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No	❑ Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No
3. In the last **two (2) years** have you been diagnosed with, taken or been prescribed medication, or been *treated* for heart failure or congestive heart failure?	❑ Yes ❑ No	❑ Yes ❑ No
4. In the last **two (2) years** have you taken or been prescribed Lasix or furosemide or a water pill for ankle or leg swelling or water on the lungs?	❑ Yes ❑ No	❑ Yes ❑ No
5. 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**) • Heart condition; • Lung condition (**except** for unrepeated prescription medications used for a single episode); medication includes any puffer(s)/inhaler(s) • Stroke or mini-stroke/TIA (transient Ischemic attack) including the use of aspirin/Entrophen for the condition; • Diabetes (*treated* with medication and/or insulin); • Narrowed or blocked artery in the legs (also called Peripheral Vascular Disease).	❑ Yes ❑ No	❑ Yes ❑ No
6. Have you had a heart bypass, coronary angioplasty or heart valve surgery more than **ten (10) years** ago?	❑ Yes ❑ No	❑ Yes ❑ No

If you answered **"YES"** to ANY of the preceding questions, you are not eligible to purchase Medicare International Travel Insurance. Contact your agent/broker or 21st Century Travel Insurance to obtain a quote for the Individual Medical Underwriting Plan. If you answered **"NO"** to ALL of the above questions, you are **eligible** to purchase Medicare International Travel Insurance. Continue to Page 2 of 2 to FIND YOUR RATE CATEGORY.

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FIND YOUR RATE CATEGORY

SMOKER STATUS - What is your Smoker Status?	Applicant 1	Applicant 2
1. in the last **two (2) years**, have you smoked cigarettes, and/or used vaping products or e-cigarettes?	❑ Yes ❑ No	❑ Yes ❑ No

Part 1 – Rate qualification	Applicant 1	Applicant 2
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?	❑ Yes ❑ No ❑ Yes ❑ No	❑ Yes ❑ No ❑ Yes ❑ No
2. In the last **three (3) months**, have you taken or been prescribed a total of **three (3) or more** medications for high blood pressure (hypertension)?	❑ Yes ❑ No	❑ Yes ❑ No
3. In the last **five (5) years**, have you been diagnosed with, taken or been prescribed medication for, or been *treated* for any of the following: • Lung condition (except unrepeated prescription medications used for single episode) (medication includes any puffer(s)/inhaler(s)); • Stroke or mini-stroke/TIA (transient ischemic attack) (medication includes use of aspirin/Entrophen for this condition); • Diabetes (if treated with medication and/or insulin); • Narrowed or blocked artery in the legs or in the neck?	❑ Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No	❑ Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No

If you answered "YES" to ANY of the questions in Part 1, you qualify for Rate Category C.
If you answered "NO" to ALL the questions in Part 1, proceed to Part 2.

Part 2 – Rate qualification	Applicant 1	Applicant 2
1. In the last **two (2) years**, have you been diagnosed with, taken or been prescribed medication, or been *treated* for **any** of the following conditions?		
• Bowel obstruction or surgery	❑ Yes ❑ No	❑ Yes ❑ No
• Diverticular disorder requiring prescription medication or surgery	❑ Yes ❑ No	❑ Yes ❑ No
• Gastrointestinal bleeding	❑ Yes ❑ No	❑ Yes ❑ No
• Chronic bowel disorder	❑ Yes ❑ No	❑ Yes ❑ No
• Liver disorder	❑ Yes ❑ No	❑ Yes ❑ No
• Pancreatic disorder	❑ Yes ❑ No	❑ Yes ❑ No
• Kidney disorder (including stones)	❑ Yes ❑ No	❑ Yes ❑ No
• Gallbladder disorder (including stones. If gall bladder has been removed, answer **NO**)	❑ Yes ❑ No	❑ Yes ❑ No
2. In the last **two (2) years**, have you been diagnosed with, and/or been *treated* by a Hematologist or an Internist for a blood disorder or a blood disease?	❑ Yes ❑ No	❑ Yes ❑ No
3. In the last **six (6) months**, have you received advice or *treatment* for a medical emergency **more than twice** in the emergency room of a hospital	❑ Yes ❑ No	❑ Yes ❑ No
4. Are you over 70, **and** have you had a fall for which you sought medical attention in the last **six (6) months**?	❑ Yes ❑ No	❑ Yes ❑ No

If you answered "YES" to ANY of the questions in Part 2, you qualify for Rate Category B.
If you answered "NO" to ALL of the questions in Part 2, you qualify for Rate Category A.

YOUR SIGNATURE CONFIRMS YOUR DECLARATION, ELIGIBILITY, AND RESPONSES TO ALL MEDICAL QUESTIONS WITHIN THIS DOCUMENT.

Applicant 1: _____ **Applicant 2:** _____ **Date:** _____

AGENT: Please fax or email completed forms to 21st Century Travel Insurance Limited within 3 business days of sale of policy. Toll-free Fax 1 866 285-5727 or email: info@21stcenturytravelins.com.