Canadian Expatriates | Inpatriates to Canada

## Basic medical questionnaire



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

Submit form to David Cummings Insurance Services Ltd. (www.david-cummings.com) Email to info@david-cummings.com Fax to: (604) 228-9807 Information about you □ male ☐ female MM/DD/YYYY Applicant's Name Age Effective Date of Coverage Do you have other insurance coverage? **Expiry Date of Coverage** If yes please indicate ☐ YES ☐ NO **Mailing Address** Street Apt # City Postal code Province Phone DESTINATION

## Section 1: Are you Eligible to Apply for Coverage?

- 1. Coverage is NOT AVAILABLE to any individual who, as of the effective date:
  - a) has been diagnosed with a terminal illness; or
  - b) has been diagnosed with or has had an episode of congestive heart failure; or
  - c) has had their most recent heart surgery more than 10 years ago; or
  - d) has been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); or
  - e) has been diagnosed with stage 3 or 4 cancer, or cancer of the lung, liver, pancreas, or bone; or has received *treatment* for any cancer (other than basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) in the past 3 months; or
  - f) has had a lung condition for which, in the last 12 months, they have been prescribed or used home oxygen; or
  - g) has received or is awaiting a bone marrow or major organ transplant; or
  - h) has been diagnosed with or received treatment for kidney disease requiring dialysis; or
  - i) has been diagnosed with an aneurysm that has not been repaired; or
  - j) requires assistance with activities of daily living.
- 2. To be eligible for coverage, you must:

CANADIAN EXPATRIATES	INPATRIATES TO CANADA
<ul> <li>a) be at least 15 days old and no more than 69 years old; and</li> <li>b) be either: <ol> <li>a Canadian citizen or Canadian resident residing outside of Canada, or</li> <li>a Canadian citizen or Canadian resident returning to reside in Canada, provided you were previously insured under an Allianz Global Assistance administered policy with no lapse in coverage; and</li> <li>be in good health at the time you purchase your policy.</li> </ol> </li> </ul>	<ul> <li>a) be at least 15 days old and not more than 69 years old; and</li> <li>b) not be insured or eligible for benefits under a Canadian government health insurance plan; and</li> <li>c) be in good health at the time you purchase your policy and on the date you exit your country of origin, and know of no reason to seek <i>medical consultation</i> during the period of coverage; and</li> <li>d) not have exceeded two years of uninterrupted coverage under an Allianz Global Assistance administered insurance plan.</li> </ul>

You	are e	ligible	e to	apply	tor	coverage	if you	meet	the	eligi	bility	y req	uiren	nents	Sta	ite	d.
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Do you confirm tha	at you are el	igible to app	ly? 🗆	YES	NO
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## Section 2: Do You Need Medical Underwriting?

In the last 12 months have you:

Been prescribed or taken any medication?	☐ YES STOP	□ NO
<ul> <li>Been diagnosed with or had an investigation, medical consultation, taken prescription medication or required treatment for the following conditions:</li> <li>Heart condition</li> <li>Artery or vein disorder</li> <li>Stroke/ TIA (mini stroke)</li> <li>Lung condition</li> <li>High blood pressure</li> <li>Diabetes treated with insulin and/or oral medication</li> <li>Crohn's disease or ulcerative colitis</li> <li>Cancer</li> </ul>	☐ YES ⑤10P	□ NO
<ul> <li>Been hospitalized for more than 24 hours? (do not include hospitalizations for appendectomy, cataract removal, dental repair or treatment, or tonsillectomy)</li> </ul>	☐ YES STOP	□ NO
<ul> <li>Have you been advised to have any diagnostic test or treatment which has not been completed or for which you are awaiting results?</li> </ul>	☐ YES STOP	□ NO
• In the past 12 months have you submitted a medical claim or have a medical claim pending?	☐ YES STOP	□ №
Means you should stop completing this form because you need individual medical underwriting and Detailed Medical Questionnaire. You may be eligible for a customized quotation.	will have to compl	ete a

## Key Terms Used in this Application

**Activities of daily living** means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

**Artery or vein disorder** includes aneurysm, peripheral vascular disease (PVD), deep vein thrombosis (DVT), thrombophlebitis, phlebitis, blood clots, venous insufficiency, carotid artery stenosis, arteriosclerosis, varicose veins.

**Heart condition** includes heart attack (myocardial infarction), arrhythmia, atrial fibrillation, heart murmur, irregular heart rate or beat, chest pain or angina, arteriosclerosis, aneurysm, carotid artery occlusion, (congestive) heart failure, cardiomyopathy, heart by-pass operation, valve surgery (repair or replacement), valvuloplasty or any other kind of *heart surgery*, angioplasty, use of pacemaker or defibrillator, congenital heart defect or any other condition relating to the heart or blood vessels.

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

**Lung condition** includes chronic obstructive pulmonary disease (COPD), bronchial asthma, asthma, chronic bronchitis, emphysema, tuberculosis, pulmonary fibrosis.

Major organ includes 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.

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

**Stability period** is the 365 days immediately before the effective date.

**Terminal** applies to a medical condition for which a physician gave a prognosis of eventual death or for which palliative care was received prior to the effective date.

**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.

