MEDICAL QUESTIONNAIRE AND APPLICATION FORM

Instructions

Medical questions help us to determine your eligibility and premium rate if you are age 60 or over.

1. If you are under the age of 60, proceed to Part C to complete the application.

2. All other applicants must complete the Medical Questionnaire in Part A and the Applicant’s Declaration in Part B to apply for this insurance. If you are uncertain of your answers to any medical questions, please consult your doctor before completing this Medical Questionnaire.

3. All applications must be completed before the effective date of insurance.

Plan Information

Emergency Medical Single Trip Plan – Provides coverage for a single trip while travelling outside your province or territory of residence.

Emergency Medical Multi-Trip Plan – Provides coverage for any number of trips up to the option you selected (4, 10, 18 or 30 days). Trips must be separated by a return to your province or territory of residence or Canada. The Multi-Trip Plans offer unlimited travel within Canada (excluding your province or territory of residence).

Travel Canada Emergency Medical Plan – Provides coverage for a single trip while travelling within Canada and outside your province or territory of residence.

Definitions

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

Change in medication means the medication dosage or frequency has been reduced, increased, or stopped and/or new medication(s) has/have been prescribed. Exceptions: the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in your medical condition; and a change from a brand name medication to a generic brand medication of the same dosage.

Hospital means a facility that is licensed as a hospital where in-patients receive medical care and diagnostic and surgical services under the supervision of a staff of physicians with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a hospital.

Medical condition means injury, illness, disease or symptom, complication of pregnancy within the first thirty-one (31) weeks of pregnancy, a mental or emotional disorder that requires admission to a hospital, or acute psychosis.

Medical emergency means a sudden unforeseen occurrence of symptoms, injury, illness, or disease which requires immediate treatment.

Pre-existing condition means a medical condition that existed before your effective date.

Stable – a medical condition is stable if all of the following apply during the specified stability period:

- you have not had any new symptom(s); and
- existing symptom(s) have not become more frequent or severe; and
- your physician has not determined that your medical condition has become worse; and
- no test findings have shown that your medical condition may be getting worse; and
- you have not received, been prescribed, taken or had a physician recommend any new medication or any change in medication; and
- you have not received, been prescribed or had a physician recommend any new treatment or any change in treatment; and
- you have not been hospitalized or referred to a specialty clinic or specialist; and
- your physician has not advised you to see a specialist or to have further tests, and you have not undergone testing for which you have not yet received the results.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed medical practitioner, including but not limited to prescribed medication, investigative testing and surgery related to any illness, injury or symptom.
### Part A • Medical Questionnaire

**NAME OF APPLICANTS (Last Name, First Name)**

**Applicant 1**  
**Applicant 2**

#### Step 1 • ELIGIBILITY

1. Have you been advised by a physician not to travel at this time?  
   - Yes ✅  
   - No ❌

2. Do you require kidney dialysis?  
   - Yes ✅  
   - No ❌

3. Have you ever had a bone marrow or organ transplant (excluding corneal transplant)?  
   - Yes ✅  
   - No ❌

4. Have you had a heart bypass, angioplasty or heart valve surgery more than ten (10) years ago?  
   - Yes ✅  
   - No ❌

5. In the last five (5) years, have you been diagnosed with and/or had treatment for metastatic cancer?  
   - Yes ✅  
   - No ❌

6. In the last six (6) months, have you 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 ❌

7. In the last twelve (12) months, have you been prescribed or taken prednisone or oxygen or been hospitalized (as an in-patient or seen in the emergency department) for a lung condition?  
   - Yes ✅  
   - No ❌

8. In the last two (2) years, have you:  
   a) been prescribed or taken Lasix or furosemide for any reason?  
      - Yes ✅  
      - No ❌
   b) had congestive heart failure?  
      - Yes ✅  
      - No ❌

9. In the last twelve (12) months, have you been hospitalized (as an in-patient or seen in the emergency department) for a heart condition?  
   - Yes ✅  
   - No ❌

10. 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 traveler's diarrhea; or any form of immunization. Do not count topical medications that go in your nose, ears, eyes or on your scalp or skin except any form of nitroglycerine or any drug(s) for angina.  
    - Yes ✅  
    - No ❌

11. In the last three (3) years, have you been diagnosed with and/or had treatment for and/or been hospitalized (as an in-patient or seen in the emergency department) and/or been prescribed or taken medication for any two (2) of the following? (If you only have one (1) of the following conditions, answer NO)
   - Heart condition
   - Lung condition (medication includes any puffer(s)/inhaler(s) except a single unrepeated prescription medication used for a single episode)
   - Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (including use of aspirin/Enthropen for this condition)
   - Narrowed or blocked artery in the legs (also called Peripheral Vascular Disease)
   - Alzheimer's disease, or any other form of dementia
   - Kidney disorder (including stones)
   - Gallbladder disorder (including stones; if gallbladder has been removed, answer NO)
   - Aneurysm
   - Narrowed or blocked artery in the legs (also called Peripheral Vascular Disease)
   - Diabetes (treated with medication and/or insulin)
   - Lung condition (medication includes any puffer(s)/inhaler(s) except a single unrepeated prescription medication used for a single episode)
   - Cirrhosis of the liver
   - Alzheimer's disease, or any other form of dementia, or Parkinson's disease
   - Breast cancer (excluding basal cell and squamous cell skin cancer) treated only with hormonal therapy

ELIGIBILITY REQUIREMENT: If you must answer "YES" to ANY of the preceding questions, you are not eligible to purchase this insurance. DO NOT complete this questionnaire. Please contact your agent/broker if you wish to obtain a quote for our Individual Medical Underwriting plan. Continue to Step 2 if you are eligible to purchase this insurance.

#### Step 2 • FIND YOUR RATE CATEGORY

##### RATE QUALIFICATION • Part 1

1. In the last five (5) years, have you been diagnosed with and/or had treatment and/or been hospitalized (as an in-patient or seen in the emergency department) and/or been prescribed or taken medication for any of the following conditions?  
   - Bowel obstruction or surgery  
     - Yes ✅  
     - No ❌
   - Diverticular disorder requiring prescription medication or surgery  
     - Yes ✅  
     - No ❌
   - Gastrointestinal bleeding  
     - Yes ✅  
     - No ❌
   - Bleeding or perforated ulcer(s)  
     - Yes ✅  
     - No ❌
   - Chronic bowel disorder  
     - Yes ✅  
     - No ❌
   - Liver disorder  
     - Yes ✅  
     - No ❌
   - Pancreatic disorder  
     - Yes ✅  
     - No ❌
   - Kidney disorder (including stones)  
     - Yes ✅  
     - No ❌
   - Gallbladder disorder (including stones; if gallbladder has been removed, answer NO)  
     - Yes ✅  
     - No ❌

If you answered "YES" to two (2) or more conditions listed in Step 2 • Part 1, you qualify for Rate Category C.
If you answered "NO" to ALL of the conditions listed in Step 2 • Part 1, you qualify for Rate Category B.
If you answered "YES" to one (1) condition listed in Step 2 • Part 2, you qualify for Rate Category B.
If you answered "NO" to ALL of the conditions listed in Step 2 • Part 2, you must answer the questions in Step 2 • Part 3.

2. In the last five (5) years, have you smoked or used any tobacco products and been prescribed or used any puffer(s)/inhaler(s)?  
   - Yes ✅  
   - No ❌

3. In the last six (6) months, have you received advice or treatment for a medical emergency more than once in the emergency room of a hospital?  
   - Yes ✅  
   - No ❌

4. 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) and/or a heart condition?  
   - Yes ✅  
   - No ❌
You confirm that you have disclosed the following information to the applicant:

- the name of the company or companies you represent
- that you receive commissions for the sale of life and accident and sickness insurance products and may receive bonuses, invitations to conferences or other incentives; and
- any conflicts of interest you may have with respect to this transaction.

Advisor’s Report • For Advisor/Agent Use Only

You confirm that you have disclosed the following information to the applicant:

- the name of the company or companies you represent
- that you receive commissions for the sale of life and accident and sickness insurance products and may receive bonuses, invitations to conferences or other incentives; and
- any conflicts of interest you may have with respect to this transaction.

Applicant 1 Signature
Applicant 2 Signature
Date Signed
**Part C • Insurance Application**

### Applicants

<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME</th>
<th>DATE OF BIRTH (MM/DD/YYYY)</th>
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<tbody>
<tr>
<td>1. Applicant 1</td>
<td></td>
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<tr>
<td>2. Applicant 2</td>
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</tbody>
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### Home Address

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<thead>
<tr>
<th>Street</th>
<th>Apt No.</th>
<th>City</th>
<th>Province</th>
<th>Postal Code</th>
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</table>

### Home Phone

<table>
<thead>
<tr>
<th>HOME PHONE #</th>
<th>WORK PHONE #</th>
<th>EMAIL (optional)</th>
<th>COUNTRY OF DESTINATION</th>
<th>PHONE # AT DESTINATION</th>
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### Coverage Selection

**MULTI-TRIP DURATION and EFFECTIVE DATE**

Covers multiple trips during a 365-day period. **SELECT YOUR TRIP LENGTH:**

- 4 days
- 10 days
- 18 days
- 30 days

**EFFECTIVE DATE:** (MM/DD/YYYY)

### Single-Trip Duration

- **Departure Date:** (MM/DD/YYYY)
- **Return Date**
- **Total # of days in your trip:**

**TOP-UP NOTE:** If you are 60 or older, you must complete the Medical Questionnaire to determine your Rate Category.

### Top-Up Duration

- **Top-Up Effective Date:** (MM/DD/YYYY)
- **Total # of days in your trip:**
- **Subtract**
  - # of days already covered under your policy
- **Equals**
  - Total Top-Up days

### Calculate Your Premium

Premium due for your coverage is based on the plan you are purchasing, your age, the Rate Category you qualify for and trip duration.

#### EMERGENCY MEDICAL

<table>
<thead>
<tr>
<th>Applicant #</th>
<th>Rate Category</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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</tbody>
</table>

**Single-Trip or Top-Ups**

- (4 of days x daily rate applicable to your full trip length)
- $ + $ = $

**Multi-Trip**

- Rate for the trip length you select
- $ + $ = $

**Total Premium**

- (sum premium rates of each applicant)
- $ = $

### Savings Options

**Deductible Savings:** All published rates include a zero deductible. Not applicable to Travel Canada.

- Deductible ($ USD): $0, $500, $1,000, $5,000, $10,000
- Savings Amount: 0%, 15%, 20%, 35%, 50%

**50% Travel Canada Emergency Medical Plan:** Cannot be combined with a Deductible Savings.

- Calculate Savings (% x Line A) = $

### TOTAL PREMIUM

- Emergency Medical Premium (Line A minus Line B) = $
- Travel Companion Savings (Line C x 5%) = $
- Total Payment (Line C minus Line D) = $

### Payment Option:

- Visa
- MasterCard
- American Express
- Cheque

Cardholder’s Name

Cardholder’s Signature

Credit Card Number

|            |            |            |            |            |

Expiry Date

Note: Coverage will not take effect if your credit card number is invalid or payment is rejected for any reason.

Mail this application with your payment payable to your agent/broker or Manulife Travel Insurance, P.O. Box 4262, Stn A, Toronto, ON M5W 5T4.

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