

Basic medical questionnaire

Emergency hospital and medical insurance

Applicant's name (please print)

Date (mm/dd/yyyy)

Policy number

In this questionnaire, *you* and *your* mean the person to be insured. *We, us* and *our* mean TIC Travel Insurance Coordinators Ltd.

A medical consultation includes:


services performed by a physician for an ailment, sickness or medical condition, which may include taking a history of the problem, examining you, advising or treating you, or ordering tests to confirm a diagnosis or find out more.

Prescription medication means:

medication you can only get with a written prescription from a physician.

A pre-existing medical condition is:

any sickness, injury or medical condition that has showed symptoms or required a medical consultation (even if the condition wasn't diagnosed), or that you've been treated, hospitalized or been prescribed medication for.

 means you should stop completing this form because you need individual medical underwriting. Complete the *Detailed application and medical questionnaire* instead. You may be eligible for a customized quote.

Coverage is **NOT AVAILABLE** to any individual who:

- a) has been diagnosed with a terminal illness;
- b) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
- c) has Alzheimer's Disease or any other type of dementia;
- d) has received any type of treatment for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
- e) has been prescribed home oxygen treatment in the last 12 months;
- f) has had a major organ transplant (heart, kidney, liver, lung); or
- g) has received kidney dialysis treatment in the last 12 months.

You are eligible to apply for coverage if you meet the eligibility requirements stated.

Do you confirm that you are eligible to apply? **yes** **no**

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⚠ means you should stop completing this form because you need individual medical underwriting. Complete the *Detailed application and medical questionnaire* instead. You may be eligible for a customized quote.

Pre-existing medical conditions Check yes or no for each question

You don't need to tell us about:

- bacterial infections you've fully recovered from
- viral infections (unless currently controlled with prescription medication)
- aspirin, thyroid medication or hormone replacement
- normal medical check-ups

1 Have you ever had, been diagnosed with, or needed a medical consultation, investigation or prescription medication for any of the following:

- coronary artery by-pass
- valve replacement
- an aneurysm that hasn't been repaired yet
- transient ischemic attack (TIA), a stroke or a cerebrovascular condition
- a blood disorder (including hemophilia, sickle cell anemia, hemochromatosis or leukemia)

no yes ⚠

2 Are you taking five or more prescription medications?

no yes ⚠

You don't need to tell us about over the counter medications or medication prescribed for:

- acid reflux
- gout
- heartburn
- hormone replacement
- irritable bowel syndrome
- osteoarthritis
- sleep disorders
- thyroid problems

3 Has a physician recommended tests, investigations or surgery you haven't had yet?

no yes ⚠

You don't need to tell us about:

- basal cell carcinoma
- squamous cell carcinoma

4 In the last five years, have you had, been diagnosed with, or needed a medical consultation, investigation or prescription medication for:

a) chest pain or angina, congestive heart failure or a heart attack?

no yes ⚠

b) another heart or cardiovascular condition (including angioplasty, a pacemaker, atrial fibrillation, a heart murmur, arrhythmia or a congenital heart defect)?

no yes

- ▶ In the last 9 months, have you had an investigation or has your medication been increased, decreased, changed or stopped? no rate table 5 yes ⚠

c) cancer?

no yes ⚠

d) diabetes?

no yes

- controlled with diet only** rate table 3 **or,**
 controlled with insulin or oral medication
- ▶ Do you also have a heart or cardiovascular condition? no rate table 5 yes ⚠
- ▶ In the last 3 months, have you had an investigation or has your medication been increased, decreased, changed or stopped? no rate table 5 yes ⚠

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4 (continued)

e) a lung or respiratory condition (including using a puffer)?

no yes

▶ In the last 3 months, have you had an investigation or has your medication been increased, decreased, changed or stopped? no rate table 5
 yes ⚠

▶ In the last 12 months, have you needed home oxygen? no rate table 5
 yes ⚠

f) an artery or vein disorder (including blood clots, femoral angioplasty, peripheral vascular disease or carotid artery)?

no yes

▶ In the last 3 months, have you had an investigation or has your medication been increased, decreased, changed or stopped? no rate table 4
 yes ⚠

g) a stomach or bowel disorder (including hiatus hernia, ulcerative colitis, Crohn's disease, diverticulitis or a peptic ulcer)?

no yes

▶ In the last 3 months, have you had an investigation or has your medication been increased, decreased, changed or stopped? no rate table 4
 yes ⚠

You don't need to tell us about:

- acid reflux
- gastroesophageal reflux disease (GERD)
- irritable bowel syndrome
- heartburn

h) a liver or pancreatic disorder, or a disorder of the spleen?

no yes

▶ In the last 3 months, have you had an investigation or has your medication been increased, decreased, changed or stopped? no rate table 4
 yes ⚠

i) a urinary, kidney or prostate disorder?

no yes

▶ In the last 3 months, have you had an investigation or has your medication been increased, decreased, changed or stopped? no rate table 4
 yes ⚠

j) high blood pressure?

no yes

▶ In the last 3 months, have you had an investigation or has your medication been increased, decreased, changed or stopped? no rate table 3
 yes ⚠

5 Do you have osteoporosis or osteopenia?

no yes rate table 4

You don't need to tell us about:

- osteoarthritis

6 Do you suffer from Parkinson's disease, seizures or epilepsy?

no yes rate table 4

Rate table calculation

Did you answer no to all of the questions about pre-existing medical conditions (questions 1 to 6 above)?

yes rate table 1

no

▶ Do you want all of the pre-existing medical conditions you told us about in this questionnaire covered? no rate table 2
 yes see highest rate shown for questions answered yes

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Declaration and authorization

Declaration

You declare that:

- the information you've provided in this questionnaire is truthful, complete and accurate.

You understand that:

- this questionnaire is part of a contract provided through TIC Travel Insurance Coordinators Ltd.
- **if your medical status changes between the date you complete this questionnaire and your departure date or top-up/extension effective date, you must notify TIC Travel Insurance Coordinators Ltd. immediately or your coverage will be null and void, and**

- TIC will collect, use and/or disclose your personal information only to provide you with the insurance products and services you've requested, for other uses authorized by you, or as required by law.

You acknowledge that:

- if you misrepresent your medical status in this questionnaire or don't disclose material information about your medical status, your coverage will be null and void, your claims won't be paid and your premium will be refunded, *and*
- this coverage is subject to exclusions, terms, conditions and limitations that may limit or exclude an amount payable.

Authorization

You authorize:

- any organization or person that has records or knowledge of your health to give any and all information regarding your health, medical history and treatment to TIC Travel Insurance Coordinators Ltd. or its authorized representatives.

You understand and agree that:

- if you refuse or withdraw this authorization your application will be denied, *and*
- a copy of this authorization and declaration is as valid as the original.

Please sign here

You must sign and date this questionnaire or it will be returned to you.

If you made any corrections to your answers, please initial the corrections where they appear.

Your name (please print)

Signature

Date (mm/dd/yyyy)