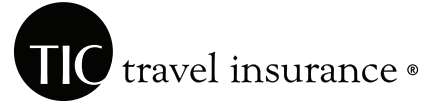


Basic medical questionnaire

Emergency hospital and medical insurance



Underwritten by Co-operators Life Insurance Company.

Section 1 – Eligibility

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

Coverage is **NOT AVAILABLE** to any individual who does not meet **eligibility** or who:

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

1. Do you confirm that you are eligible to apply? YES NO

Applicant's name (please print)

Policy number

Date (mm/dd/yyyy)

Your answers to this medical questionnaire constitute the basis of your eligibility. Please answer all questions and check yes or no for each question.

Section 2 – Offer of Insurance

2. In the last **24 months** have you been diagnosed with, or needed a *medical consultation*, investigation, or *treatment* for **2 or more** of the following conditions: **YES** Proceed to question 2a **NO** Proceed to Section 3

- *cardiovascular/heart condition*;
- *cerebrovascular condition* ;
- diabetes (excluding controlled with diet only);
- cancer (excluding skin cancer, basal or squamous);
- emphysema or COPD?

a) Do you want coverage for any and all *pre-existing medical conditions*, whether or not they are listed above? **YES** Please complete a Detailed Medical Questionnaire **NO** No pre-x Rate table 4

Section 3 – Rate Classification

3. In the last **24 months** have you had, been diagnosed with, or needed a *medical consultation*, investigation, or *treatment* for **any one** of the following conditions: **YES** Rate table 4 **NO** Proceed to question 4

- a *cardiovascular/heart condition*;
- a *cerebrovascular condition*;
- a *respiratory/lung condition*;
- a *blood disorder*;
- diabetes treated with insulin;
- cancer (excluding skin cancer (basal or squamous))?

Section 4 – Rate Classification

Continued

- | | | | |
|----|---|---|---|
| 4. | In the last 24 months have you had, been diagnosed with, or needed a <i>medical consultation</i> , investigation, or <i>treatment</i> for any one of the following conditions: <ul style="list-style-type: none">• a <i>gastrointestinal condition</i>;• an <i>internal condition</i>;• diabetes treated with oral medication? | <input type="checkbox"/> YES
Rate table 3 | <input type="checkbox"/> NO
Proceed to question 5 |
| 5. | In the last 24 months , have you had, been diagnosed with, or needed a <i>medical consultation</i> , investigation, or <i>treatment</i> for any one of the following conditions: <ul style="list-style-type: none">• a musculoskeletal disorder or osteoporosis;• high blood pressure (hypertension) treated with 3 or more medications? | <input type="checkbox"/> YES
Rate table 2 | <input type="checkbox"/> NO
Rate table 1 |

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 and the answers you provided are part of a contract provided through TIC Travel Insurance Coordinators Ltd.
- if your medical status or any of your answers 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.
- the Underwriting decision applies regardless of the sales medium and/or channel through which you purchase insurance. If a policy is issued to you that does not include this underwriting decision, it will be considered null and void, any premiums paid will be refunded and no claims will be payable.

- 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 if you don't disclose material information about your medical status, or if any of your answers are found to be incorrect or untrue, your coverage will be null and void, your claims won't be paid and your premium will be refunded, even if the material non-disclosure or inaccuracy is not related to the claim reported, and you will be solely responsible for all expenses related to your claim.
- 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.
- 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)

Terms and Definitions

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

Blood disorder means any condition of the blood including anemia (other than vitamin B-12 deficiency anemia), purpura, Hemophilia, polycythemia, Sickle-cell anemia, hematochromatosis.

Cardiovascular condition means myocardial infarction, heart attack, arrhythmia, atrial fibrillation, heart murmur, chest pain or angina, arteriosclerosis, carotid artery occlusion, congestive heart failure, cardiac by-pass or any other kind of cardiac surgery, angioplasty or stent, use of pacemaker or defibrillator, congenital heart defect or any other condition relating to the heart or cardiovascular system.

Cerebrovascular condition means cerebrovascular accident (CVA), stroke, transient ischemic attack (TIA), mini-stroke or aneurysm, Parkinson's disease, seizures or epilepsy.

Eligibility: to be eligible for coverage you must:

- a) be at least 15 days old;
- b) be insured for benefits under a Canadian government health insurance plan during the entire period of coverage; and
- c) be currently in good health and know of no reason to seek *medical consultation* during the period of coverage; and
- d) not reside in a nursing home and receive scheduled nursing care; and
- e) not reside in a convalescent home or a rehabilitation centre; and
- f) not require assistance with *activities of daily living*.

Gastrointestinal disorder means any stomach or bowel disorder, ulcer, diverticulitis, diverticulosis, ulcerative colitis, Crohn's disease, hiatus hernia or irritable bowel syndrome (excluding acid reflux, gastro-esophageal reflux disease).

Internal condition means liver disease, gall bladder disease, kidney disorder (including kidney stones), spleen or pancreatic disorder, prostate or urinary disorder, ovarian or uterine disorder, aneurysm, peripheral vascular disease or artery or vein disorder (including blood clots, carotid artery stenosis and deep vein thrombosis).

Medical consultation means any medical services obtained from a licensed medical practitioner for an ailment, sickness or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*,

and for 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 or were found during the check-up.

Pre-existing medical condition means a sickness, injury or medical condition, whether or not diagnosed by a physician:

- a) for which you exhibited signs or symptoms; or
- b) for which you required or received *medical consultation*; and
- c) which existed prior to the effective date of your coverage.

Respiratory condition means chronic obstructive pulmonary disease (COPD), bronchial asthma, chronic bronchitis, emphysema, or any other respiratory condition requiring the use of corticosteroids.

Stable means a *pre-existing medical condition* that:

- a) did not require, or was not referred for any *medical consultation*;
- b) did not require a change in type or dosage of medication.

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.

Exclusion – EHM1 Benefits are not payable for costs incurred due to:

- i) **If you are 59 years of age or under on the effective date:** Any *pre-existing medical condition* if that condition was not *stable* in the 90 days immediately before the *effective date*, even if you previously disclosed that condition to us when applying for coverage under a different or previous TIC policy.
- ii) **If you are 60 years of age and over on the effective date:** Any *pre-existing medical condition* if that condition was not *stable* in the 180 days immediately before the *effective date*, even if you previously disclosed that condition to us when applying for coverage under a different or previous TIC policy.

To obtain coverage for a *pre-existing medical condition* that was not *stable* in the applicable period immediately before the *effective date*, a new *Detailed Medical Questionnaire* must be completed and submitted to us, be approved in writing by TIC and you must pay the required premium.

- iii) **If you have chosen not to have coverage for any and all pre-existing medical conditions on your application for insurance:** Any *pre-existing medical condition*.