MEDICARE INTERNATIONAL TRAVEL INSURANCE Policy # ____________________

VERSION M12 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.

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 you:

- you have been advised by a physician not to travel at this time;
- you have a terminal illness for which a physician has estimated you have less than six (6) months to live;
- you have metastatic cancer (a cancer that has spread from the original site to one or more other areas of the body);
- you require kidney dialysis;
- you have been prescribed or used home oxygen in the last twelve (12) months;
- you have had a bone marrow, stem cell or organ transplant (excluding corneal transplant).

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 that the meaning of treatment/treated, as defined and used in the medical questionnaire (if applicable) means any of the following; that I: have been hospitalized (as an in-patient or seen in the emergency department); have taken or been prescribed medication (including prescribed as needed); have undergone investigative testing, a therapeutic, diagnostic, medical or surgical procedure; have a prosthesis. (Prosthesis means a device or supply item, either external or implanted, that replaces or augments a missing or impaired part of the body or makes a part of the body work better.) 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 **six (6) months**, have you had 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
3. In the last **twelve (12) months**, have you had: a) a heart condition for which you were hospitalized (as an inpatient or seen in the emergency department); and/or b) a lung condition for which you were hospitalized (as an inpatient or seen in the emergency department) or for which you were prescribed or taken prednisone?	❑ Yes ❑ No	❑ Yes ❑ No
4. In the last **two (2) years** have you been diagnosed with or *treated* for heart failure or congestive heart failure?	❑ Yes ❑ No	❑ Yes ❑ No
5. In the last **two (2) years** have you been prescribed or taken Lasix or furosemide or a water pill for ankle or leg swelling or water on the lungs?	❑ Yes ❑ No	❑ Yes ❑ No
6. In the last three **(3) years**, have you been diagnosed with and/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) • Diabetes (*treated* with medication and/or insulin); • Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient Ischemic attack) including the use of aspirin/Entrophen for the condition; • Narrowed or blocked artery in the legs (also called Peripheral Vascular Disease).	❑ Yes ❑ No	❑ Yes ❑ No
7. Have you had a heart bypass, 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.

MEDICARE INTERNATIONAL TRAVEL INSURANCE

 Policy # ____________________

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?	❑ Yes ❑ No	❑ Yes ❑ No

Part 1 – Rate qualification	Applicant 1	Applicant 2
1. 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) and/or a heart condition?	❑ Yes ❑ No	❑ Yes ❑ No
2. In the last **three (3) years**, have you been diagnosed with and/or *treated* for <u>**any**</u> of the following? • Heart condition; • Lung condition (**except** for unrepeated prescription medications used for a single episode); medication includes any puffer(s)/inhalers(s); • Stroke/CVA (cerebrovascular accident) 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
3. In the last **five (5) years**, have you been diagnosed with and/or *treated* for any of the following? • Aneurysm; • Cirrhosis of the liver; • Parkinson's disease; • Alzheimer's disease or other form of dementia.	❑ 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 and/or *treated* for <u>**any**</u> 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
• Bleeding or perforated ulcer(s)	❑ 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

If you have two (2) or more conditions listed in Part 2, you qualify for Rate Category C.
If you have one (1) condition listed in Part 2, you qualify for Rate Category B. If you do not have ANY of the conditions listed in Part 2, proceed to Part 3.

Part 3 – Rate qualification	Applicant 1	Applicant 2
1. 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	❑ Yes ❑ No
2. In the last **twelve (12) months**, have you been prescribed or used a puffer/inhaler?	❑ Yes ❑ No	❑ Yes ❑ No
3. In the last **twelve (12) months**, have you had cancer or been diagnosed with or received *treatment* for cancer other than routine follow-up (**except** basal cell and squamous cell skin cancer, and breast cancer *treated* only with hormonal therapy)?	❑ Yes ❑ No	❑ Yes ❑ No
4. 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
5. 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 3, you qualify for Rate Category B.
If you answered "NO" to ALL of the questions in Part 3, 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 completed forms to 21st Century Travel Insurance Limited. Toll-free Fax 1 866 285-5727, within 3 business days of sale of policy.