Application
For travellers 55+

TuGo™ Travel Insurance

Quest

FOR OFFICE USE ONLY - Policy # _____ **Date:** _____ **Agent:** Sbis Web

PERSONAL INFORMATION

	First Name	Last Name	Date of Birth (D/M/Y)	
1)	_____	_____	_____	☐ Male ☐ Female
2)	_____	_____	_____	☐ Male ☐ Female

Mailing Address

Street: _____

City: _____ Province: _____

Postal Code: _____ Telephone #: _____

Email: _____

Destination Information

City: _____

Country: _____

Emergency Contact: _____

Note: You must be a Canadian resident, and you must be insured or eligible for benefits under the government health care plan of the province or territory in which you reside.

Travel Information - Please select one of the options below

☐ **SINGLE TRIP** OR ☐ **TOP-UP:**

☐ **Multi-Trip Annual**

Departure Date (D/M/Y) _____

Effective Date (D/M/Y) _____

Return Date (D/M/Y) _____

9 - Day ◯ 30 - Day ◯

16 - Day ◯ 60 - Day ◯

Name of other Insurer: _____

Number of pre-insured days: _____

Annual Effective Date (D/M/Y): _____

DEDUCTIBLE OPTIONS:

◉ $0 (Automatic) ◯ $500 (-15%) ◯ $5,000(-35%) ◯ $50,000 (-55%)

◯ $300 (-10%) ◯ $1,000 (-20%) ◯ $10,000 (-40%) ◯ $100,000 (-70%)

All deductibles are in US dollars

Pre-Existing Condition - Stability

Plan Qualification	PRE-EXISTING CONDITION STABILITY
Gold	90 days
Silver	180days
Bronze	365 days*

***365-day stability for diabetes, heart and lung conditions AND 180-day stability for all other pre-existing Conditions.**

Optional: Guaranteed Stability Option

Purchase if your current pre-existing condition does not meet the stability period.

Stability Period 7 day = Surcharge +40%

Do you wish to purchase the Guaranteed stability option?

Applicant 1: Yes ◯ No ◯

Applicant 2: Yes ◯ No ◯

Method of Payment

VISA ☐ MASTERCARD ☐

Card #: _____ Expiry Date: _____

Name on Card: _____

Please Return to: Special Benefits Insurance Services, 7th Fl-366 Bay St, Toronto ON M5H 4B2

Fax: (1) 416-601-0308 (E) general@sbis.ca

Questions? Contact us at 1-800-667-0429 Monday to Friday 8:45am to 4:45 pm ET

Medical Health Questionnaire
For travellers 55+

TuGo™ Travel Insurance
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Eligibility

To be eligible to purchase this insurance, you must be 55 to 89 years of age and must answer **NO** to all of the following questions.

1. In the 36 months prior to application have you been diagnosed with, treated or ordered by a physician to take medication for, three (3) or more of the following medical conditions?
   - Heart disease/condition
   - Liver disease/condition
   - Lung disease/condition (excluding asthma not requiring prednisone)
   - Diabetes (requiring medication)
   - Stroke or mini-stroke (TIA or transient ischemic attack)
2. In the 12 months prior to application, have you been diagnosed with, treated or been ordered by a physician to take medication for peripheral vascular disease (blocked leg arteries); congestive heart failure; chronic obstructive pulmonary disease (COPD, emphysema)?
3. In the 12 months prior to application, have you used or been prescribed home oxygen?
4. Do you have a terminal condition or metastatic cancer?
5. Did you have heart bypass surgery more than 10 years before application? (Answer "no" to this question if you have had additional bypass surgery and/or placement of a stent less than 10 years prior to application)
6. Have you had an organ transplant (excluding cornea or skin graft)?
7. Do you have a kidney disease requiring kidney dialysis?
8. Do you have an aneurysm larger than four (4) centimetres, measured in either length or diameter?
9. In the 6 months prior to application have you had a stroke or mini-stroke (TIA or transient ischemic attack)?

If you answered **YES** to any of the eligibility questions listed above, you are not eligible to purchase this insurance.
If you answered **NO** to all the eligibility questions above you must initial the box below before proceeding to the plan/rate qualification section.

APPLICANT 1 ○	APPLICANT 2 ○

PLAN/RATE QUALIFICATION	APPLICANT 1	APPLICANT 2
10. In the 5 years prior to application have you been diagnosed with, treated or ordered by a physician to take medication or been hospitalized for any of the following:		
Heart attack, aneurysm, angioplasty, atrial fibrillation, artery bypass surgery, cardiac surgery, angina, irregular heartbeat, pacemaker, thrombosis, phlebitis, pulmonary edema	○ Yes ○ No	○ Yes ○ No
Chronic asthma, chronic bronchitis or pneumonia	○ Yes ○ No	○ Yes ○ No
Diabetes (requiring medication)	○ Yes ○ No	○ Yes ○ No
Stroke or mini-stroke (TIA or transient ischemic attack)	○ Yes ○ No	○ Yes ○ No
Carotid artery stenosis (blocked or clogged arteries in the neck)	○ Yes ○ No	○ Yes ○ No
Liver disease/condition	○ Yes ○ No	○ Yes ○ No
Cancer (excluding basal cell skin cancer)	○ Yes ○ No	○ Yes ○ No
Kidney disease that required dialysis, now no longer on dialysis	○ Yes ○ No	○ Yes ○ No
If you answered YES to any of the conditions/events listed in question 10, you qualify for the Bronze plan. Proceed to question 16. If you answered NO, proceed to question 11.		
11. In the 24 months prior to application, how many of the following medical conditions have you been diagnosed with, treated for or ordered by a physician to take medication for?		
Kidney disease	○ Yes ○ No	○ Yes ○ No
Gastrointestinal bleeding	○ Yes ○ No	○ Yes ○ No
Alzheimer's disease/dementia	○ Yes ○ No	○ Yes ○ No
Pancreatitis	○ Yes ○ No	○ Yes ○ No
Chronic bowel disease	○ Yes ○ No	○ Yes ○ No
Bowel obstruction	○ Yes ○ No	○ Yes ○ No
If you have TWO OR MORE of the conditions listed in question 11, you qualify for the Bronze plan. Proceed to question 16. If you have ONE of the conditions listed in question 11, you qualify for the Silver plan. Proceed to question 16. If you have NONE of the conditions listed in question 11, proceed to question 12.		

PLAN/RATE QUALIFICATION	APPLICANT 1	APPLICANT 2
12. In the 12 months prior to application, have you been diagnosed with or undergone change in medical treatment (including an alteration in medication dosage or usage) for high blood pressure **AND** had any of the following conditions?		
High cholesterol	○ Yes ○ No	○ Yes ○ No
Diabetes (not requiring medication)	○ Yes ○ No	○ Yes ○ No
Gallbladder disease	○ Yes ○ No	○ Yes ○ No
Osteoporosis	○ Yes ○ No	○ Yes ○ No
Arthritis	○ Yes ○ No	○ Yes ○ No
If you answered **YES** to high blood pressure **AND** any other conditions listed in question 12, you qualify for the Silver plan. Proceed to question 16. If you answered **NO** to question 12, proceed to question 13.		
13. Have you ever been treated for a heart disease/condition (excluding congenital heart disease)?	○ Yes ○ No	○ Yes ○ No
14. Was your last regular check-up with a physician more than 24 months ago?	○ Yes ○ No	○ Yes ○ No
15. Have you had a fall that you reported to a physician in the last 6 months?	○ Yes ○ No	○ Yes ○ No
If you answered **YES** to questions 13, 14 or 15 you qualify for the Silver plan. Proceed to question 16. If you answered **NO** to questions 13, 14 and 15 you qualify for the Gold plan. Proceed to question 16.		
16. In the 12 months prior to application, have you smoked tobacco products?	○ Yes ○ No	○ Yes ○ No

*Certain terms are defined in this brochure; please refer to the list of definitions.

*Medication(s) includes medication that requires a prescription from a physician or other registered medical practitioner and medication purchased over the counter as per the physician's advice or other registered medical practitioner's advice, not including aspirin taken for preventative reasons.
**Alteration includes an increase or decrease in medication dosage, usage or a change in medication type, but does not include changes in brand due solely to the availability of your usual brand or due to government regulations regarding reference-based pricing.

If you have any doubt about your medical condition(s) as it relates to the previous questions, you should consult your physician for advice before completing this Medical Health Questionnaire.

If you do not answer questions 1-9 truthfully and accurately, the coverage will be void.

If you qualify for the coverage selected but fail to answer questions 10-16 truthfully and accurately, any claim will be subject to an extra deductible of $15,000 USD in addition to any other applicable deductible amount.

Questions you did not need to answer during the application process will not be subject to this extra deductible. No future coverage will be provided under this policy unless you pay an additional premium reflecting true and accurate answers to those questions.

I understand that the medical conditions disclosed on this application may not be covered. Details related to pre-existing conditions coverage are set out in the Policy booklet.

I/We confirm that I/We have answered this Medical Health Questionnaire truthfully and accurately as it relates to my/our health conditions.

X SIGNATURE Applicant 1 _____

X SIGNATURE Applicant 2 _____

Date _____