

# Application

TuGo® Travel Insurance

# Traveller

FOR OFFICE USE ONLY - Policy # \_\_\_\_\_ Date: \_\_\_\_\_ Agent: Sbis Web

## PERSONAL INFORMATION

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

## Mailing Address

## Destination Information

Street: \_\_\_\_\_ City: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

## Eligibility

- |  |                    |                    |
|--|--------------------|--------------------|
| 1) You must not be travelling against physician's advice.  | <b>Applicant 1</b> | <b>Applicant 2</b> |
| 2) You must not have been diagnosed with a terminal condition.   | Eligible           | Eligible           |
| 3) 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. |                    |                    |

**NOTE:** Any cancer (other than basal cell or squamous cell skin cancer) for which you received or were recommended to receive cancer treatment in the 3 months prior to the date you leave for your trip **will be excluded**. This includes cancer treatment that you were recommended to receive but chose to decline.

## Travel Information - Please select one of the options below

### SINGLE TRIP OR TOP-UP:

<u>Departure Date</u> (D/M/Y)	<u>Effective Date</u> (D/M/Y)	<u>Return Date</u> (D/M/Y)
_____	_____	_____

### ANNUAL MULTI TRIP:

2 - Day**	10 - Day	35 - Day
5 - Day	15 - Day	60 - Day

\*\* - No medical questionnaire required for 2 day annual only.

Name of other Insurer: \_\_\_\_\_ Number of Pre-Insured Days: \_\_\_\_\_ Annual Effective Date (D/M/Y): \_\_\_\_\_

<b>DEDUCTIBLE OPTIONS:</b>	0 (+15%) \$300 – Automatic	\$500 (-5%) \$1,000 (-10%)	\$2,000 (-20%) \$5,000 (-30%)	\$10,000 (-40%) \$25,000 (-55%)	\$50,000 (-65%) \$100,000 (-75%)
----------------------------	-------------------------------	-------------------------------	----------------------------------	------------------------------------	-------------------------------------

All deductibles are in US dollars

## Pre-Existing Condition - Stability

AGE	TRIP LENGTH	PRE-EXISTING CONDITIONS	STABILITY
60 – 74	All trip lengths	*Covered	180 days
75 and Over	All trip lengths	*Covered	365 days

\*Subject to Policy Terms and Conditions

## Method of Payment

VISA                      MASTERCARD

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

### Minimum Premium

The total premium per policy must be \$25 or greater

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

## What do you need to know?

It's important to answer the Medical Questionnaire correctly. If you qualify for the insurance but you or a representative buying insurance on your behalf inaccurately answer any of the Rate Qualification questions, a **\$15,000 USD** deductible applies to any incident claimed, in addition to any other deductible you may have selected.

At the time of a claim, if the answers are not complete or accurate, coverage won't be provided until you correct your answers and, if applicable, you pay any additional premium that may be required.

**Q. When do you need to complete the Medical Questionnaire?**

**A.** If you are 60 years of age or older, and are travelling for more than two days outside of your province/territory of residence, you must answer the Medical Questionnaire to purchase one of the following plans:

- Multi Trip Annual Worldwide Medical
- Single Trip Worldwide Medical
- Single Trip Excluding USA Medical

**Q. Why do you need to complete the Medical Questionnaire?**

**A.** Your answers will determine the premium (cost) of your insurance.

**Q. Does answering the Medical Questionnaire mean you're covered for pre-existing medical conditions?**

**A.** No, it determines the premium of your insurance. Details about Pre-existing Medical Condition coverage are in the policy.

**Q. Can a representative answer the Medical Questionnaire on your behalf?**

**A.** Yes, but you should verify that the answers shown on the policy declaration are complete and accurate. If any of the answers are incorrect on your Medical Questionnaire, please let your agent know.

**Q. What should you do if you don't know how to answer a question?**

**A.** Refer to the "Definitions" and the "What else do you need to consider?" sections. If you're still unsure, talk to your physician for advice before completing the Medical Questionnaire.

## Are you eligible for coverage?

**At the time of application, you are eligible for coverage if:**

1. You are a Canadian resident.
2. You are not travelling against a physician or other registered medical practitioner's advice.
3. You have not been diagnosed with a terminal condition.
4. You are not receiving palliative care or palliative care has not been recommended.

## Rate qualification questions

All words in italics have a specific meaning with a corresponding definition. Refer to the “Definitions” section for details. All words marked with an asterisk (\*) have supporting information available. Refer to the “What else do you need to consider?” section for details.

### 1. Have you had any of the following? Choose the one most recent event.

- Myocardial infarction also known as heart attack, stroke or Transient Ischemic Attack (TIA) also known as mini-stroke
  - Less than 1 year ago
  - 1 to 5 years ago
  - More than 5 years ago
  - None
- Arterial by-pass, angioplasty and/or the placement of a stent for a cardiovascular condition
  - Less than 1 year ago
  - 1 to 5 years ago
  - More than 5 years ago
  - None

### 2. Do you currently have hypertension also known as high blood pressure?

- No
- Yes with no *alteration* to medication in the last 6 months
- Yes with an *alteration* to medication in the last 6 months

### 3. Have you had any of these conditions in the last 12 months?

Choose a condition if, in the specified timeframe, you had the condition, whether or not you received any medical care for it. This includes conditions controlled or managed by medication, a medical device, diet or exercise.

#### CARDIOVASCULAR

- Aortic aneurysm that is 4cm or larger
- Angina
- Congestive heart failure also known as pulmonary edema
- Coronary Artery Disease (CAD)\*
- Deep Vein Thrombosis (DVT)
- Arteriosclerosis and/or atherosclerosis also known as hardening of the arteries
- Peripheral Vascular Disease (PVD)
- Atrial fibrillation\*
- High cholesterol
- None

#### RESPIRATORY

- Asthma requiring prednisone
- Asthma not requiring prednisone
- Two or more bronchitis episodes
- Pneumonia
- Chronic Obstructive Pulmonary Disease (COPD), including emphysema, requiring home oxygen
- Chronic Obstructive Pulmonary Disease (COPD), including emphysema, not requiring home oxygen
- None

#### GASTROINTESTINAL

- Peptic ulcer, either stomach or duodenal
- Crohn's disease, diverticulitis\*, inflammatory bowel disease, bowel obstruction and/or ulcerative colitis
- Gastroesophageal reflux disease (GERD)\* also known as chronic acid reflux
- None

# Medical Questionnaire

## CANCER

- Pancreatic cancer
- Liver cancer
- Any type of cancer that has metastasized or that required a bone marrow transplant, excluding pancreatic or liver cancer
- Any other types of cancer. Exclude basal cell and squamous cell skin cancer and/or cancer that is in *remission*
- None

## 4. Have you had any of these conditions in the last 12 months?

Choose a condition if, in the specified timeframe, you had the condition, whether or not you received any medical care for it. This includes conditions controlled or managed by medication, a medical device, diet or exercise.

- Arthritis\*
- Diabetes requiring insulin
- Diabetes not requiring insulin\*
- Gallbladder disease, including gallstones
- Hyperthyroidism
- Hypothyroidism
- Kidney stones
- Kidney disease requiring dialysis
- Kidney disease not requiring dialysis
- Dementia including Alzheimer's disease
- Osteoporosis
- Parkinson's Disease (PD)
- Pancreatitis
- Liver disease, excluding liver cancer
- Two or more bladder infections\*
- None

## 5. In the last 12 months, have you smoked any tobacco products, or vaped any nicotine products (including e-cigarettes)?

- Yes
- No

## Definitions

### Alteration

The medication usage, dosage or type has been increased, decreased or stopped and/or a new medication has been prescribed.

Alteration does not include:

- a) Changes in brand to an equivalent name brand or to an equivalent generic brand of the same or equivalent usage or dosage; or,
- b) Routine dosage adjustments within prescribed parameters for insulin or oral diabetes medication to ensure correct blood levels are maintained; blood sugar levels must be checked regularly and the medical condition must remain unchanged; or,
- c) Routine dosage adjustments within prescribed parameters for blood thinner medication to ensure correct blood levels are maintained; blood levels must be checked regularly and the medical condition must remain unchanged; or,
- d) A temporary stoppage of blood thinner medication up to a maximum of 24 hours if the stoppage is required for a surgery or a procedure; or,
- e) Usage changes due to the combination of several medications into one; the medical condition must remain unchanged.

### Remission

The decrease in or the disappearance of signs and symptoms of cancer and/or the removal of cancer as determined by your physician and noted in your medical records.

Remission can be complete or partial. Complete remission means the disappearance of all signs or symptoms. Partial remission means a decrease in or disappearance of some, but not all, signs and symptoms.

## What else do you need to consider?

The following information is for general reference only. You should consult your physician(s) for more detailed information about medical conditions that may affect you.

### Arthritis

If you've been diagnosed with any type of arthritis such as osteoarthritis, rheumatoid arthritis or psoriatic arthritis, choose this condition.

### Atrial fibrillation

Atrial fibrillation is a type of arrhythmia. Choose this condition if you've been diagnosed specifically with atrial fibrillation and not any other type of arrhythmia or dysrhythmia.

### Bladder infection

A bladder infection is a specific type of Urinary Tract Infection (UTI). Choose this condition if you've had two or more bladder infections, and not any other types of UTIs.

### Coronary Artery Disease (CAD)

Coronary Artery Disease can be caused by arteriosclerosis and/or atherosclerosis. If you've been diagnosed with CAD and arteriosclerosis and/or atherosclerosis, choose all these conditions.

### Diabetes not requiring insulin

If you've been diagnosed with diabetes that's treated either by lifestyle changes such as diet, exercise or with any kind of medication other than insulin, choose this condition.

Don't choose this condition if you've been diagnosed with Impaired Glucose Intolerance (IGT), also known as pre-diabetes.

### Diverticulitis

If you've only been diagnosed with diverticulosis, don't choose this condition. However, if you've been diagnosed with diverticulitis and diverticulosis, choose this condition.

### Gastroesophageal Reflux Disease (GERD)

If you've been diagnosed with GERD that's treated with prescribed medication such as proton pump inhibitors to stop the production of acid in the stomach, choose this condition.

Don't choose this condition if you have occasional heartburn or acid reflux that hasn't been diagnosed as GERD, even if you're taking over-the-counter medication for it such as TUMS® or Roloids®.

### Experimental treatment

If you've been diagnosed with a condition and are receiving experimental treatment for it, whether the experimental treatment has been approved by Health Canada or not, choose that condition.

### Medical study

If you've been diagnosed with a condition and are participating in a medical study for it, choose that condition.

I confirm that I have answered this Medical Questionnaire accurately as it relates to my health conditions.

\_\_\_\_\_  
Name of Insured/Patient

\_\_\_\_\_  
Policy Number

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date DD | MM | YYYY



## What do you need to know?

It's important to answer the COVID-19 Medical Questionnaire correctly. If you qualify for the insurance but you or a representative buying insurance on your behalf inaccurately answer any of the Rate Qualification questions, a **\$15,000 USD** deductible applies to any incident claimed, in addition to the \$300 USD deductible for the COVID-19 Insurance plan.

At the time of a claim, if the answers are not complete or accurate, coverage won't be provided until you correct your answers and, if applicable, you pay any additional premium that may be required.

**Q. When do you need to complete the Medical Questionnaire?**

**A.** If you are 60 years of age or older, you must answer the Medical Questionnaire to purchase one of the following plans:

- Single Trip USA COVID-19 Insurance
- Single Trip Worldwide Excluding USA COVID-19 Insurance

**Q. Why do you need to complete the Medical Questionnaire?**

**A.** Your answers will determine the premium (cost) of your insurance.

**Q. Does answering the Medical Questionnaire mean you're covered for pre-existing medical conditions?**

**A.** No, we only cover COVID-19 if you received your first positive diagnosis of COVID-19 after you departed on your trip and you did not have any COVID-19 related symptoms before you left.

**Q. Can a representative answer the Medical Questionnaire on your behalf?**

**A.** Yes, but you should verify that the answers shown on the policy declaration are complete and accurate. If any of the answers are incorrect on your Medical Questionnaire, please let your agent know.

**Q. What should you do if you don't know how to answer a question?**

**A.** Refer to the "Definitions" and the "What else do you need to consider?" sections. If you're still unsure, talk to your physician for advice before completing the Medical Questionnaire.

## Are you eligible for coverage?

**At the time of application, you are eligible for coverage if:**

1. You have a worldwide or worldwide excluding USA TuGo emergency medical policy in place for the full duration of your COVID-19 Insurance coverage.
2. You are a Canadian resident.
3. You are not travelling against a physician or other registered medical practitioner's advice.
4. You have not been diagnosed with a terminal condition.
5. You are not receiving palliative care or palliative care has not been recommended.
6. You have not been diagnosed with COVID-19 on or within the 30 days prior to departure.
7. You have not shown symptoms of COVID-19 on or within the 14 days prior to departure.

## Rate qualification questions

All words in italics have a specific meaning with a corresponding definition. Refer to the “Definitions” section for details.

All words marked with an asterisk (\*) have supporting information available. Refer to the “What else do you need to consider?” section for details.

### 1. Have you ever had any of the following?

- Myocardial infarction also known as heart attack
- Stroke or Transient Ischemic Attack (TIA) also known as mini-stroke
- Arterial by-pass
- Angioplasty and/or the placement of a stent for a cardiovascular condition

Yes       No

### 2. Have you had any of these conditions in the last 12 months?

Choose a condition if, in the specified timeframe, you had the condition, whether or not you received any medical care for it. This includes conditions controlled or managed by medication, a medical device, diet or exercise.

- Aortic aneurysm that is 4cm or larger
- Angina
- Congestive heart failure also known as pulmonary edema
- Coronary Artery Disease (CAD)\*
- Arteriosclerosis and/or atherosclerosis also known as hardening of the arteries
- Atrial fibrillation\*
- Asthma requiring prednisone
- Pneumonia
- Chronic Obstructive Pulmonary Disease (COPD), including emphysema
- Cancer, excluding basal cell and squamous cell skin cancer and/or cancer that is in *remission*
- Diabetes requiring insulin
- Kidney disease
- Hypertension also known as high blood pressure
- *Severe obesity*

Yes       No

### 3. In the last 12 months, have you smoked any tobacco products, or vaped any nicotine products (including e-cigarettes)?

Yes       No

## Definitions

### Remission

The decrease in or the disappearance of signs and symptoms of cancer and/or the removal of cancer as determined by your physician and noted in your medical records.

Remission can be complete or partial. Complete remission means the disappearance of all signs or symptoms. Partial remission means a decrease in or disappearance of some, but not all, signs and symptoms.

### Severe obesity

A weight-to-height ratio measured by Body Mass Index (BMI) greater than 40. Severe obesity must be diagnosed by a physician or other registered medical practitioner and be recorded in your medical records.

## What else do you need to consider?

The following information is for general reference only. You should consult your physician(s) for more detailed information about medical conditions that may affect you.

### Atrial fibrillation

Atrial fibrillation is a type of arrhythmia. Choose this condition if you've been diagnosed specifically with atrial fibrillation and not any other type of arrhythmia or dysrhythmia.

### Coronary Artery Disease (CAD)

Coronary Artery Disease can be caused by arteriosclerosis and/or atherosclerosis. If you've been diagnosed with CAD and arteriosclerosis and/or atherosclerosis, choose all these conditions.

### Experimental treatment

If you've been diagnosed with a condition and are receiving experimental treatment for it, whether the experimental treatment has been approved by Health Canada or not, choose that condition.

### Medical study

If you've been diagnosed with a condition and are participating in a medical study for it, choose that condition.

I confirm that I have answered this COVID-19 Medical Questionnaire accurately as it relates to my health conditions.

\_\_\_\_\_  
Name of Insured/Patient

\_\_\_\_\_  
Policy Number

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date DD | MM | YYYY

