

Emergency Medical Insurance

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

PART 1 - ELIGIBILITY - You are eligible for coverage if

- 1. You know of no reason for which you may seek medical attention.
- 2. You are:
 - a) A foreign worker, or a visitor to Canada with valid legal status in Canada; or
 - b) An immigrant awaiting provincial or territorial government health care coverage or
- c) A returning Canadian not eligible for a provincial or territorial government health care plan due to an extended leave.
- 3. You are not travelling against a physician's advice; or
- 4. You have not been diagnosed with a terminal condition.

I acknowledge that I/we have read and understand the eligibility criteria and am/are eligible

PART 2 - APPLICANT INFORMATION

COVERAGE: Single Couple Family

Last Name **First Name** **Date of Birth** (dd/mm/yyyy)

1)			Male	Female
2)			Male	Female
3)			Male	Female

**If additional space is needed, please attach separately.

Street: _____ City: _____
 Province: _____ Postal Code: _____ Phone: _____
 Email: _____

PART 3 - TRIP INFORMATION and STABILITY PERIOD

Arrival Date (dd/m/yy) **Effective Date** (dd/mm/yy) **Expiry Date** (dd/mm/yy) **Time of Application** **Country of Origin**
 a.m.
 p.m.

Is this coverage required for Supervisa? **Yes** **No** If Yes, a minimum of \$100,000 coverage must be purchased and a minimum of 365 days as per Government Guidelines.

Coverage Options

Deductible Options

\$25,000	\$100,000	\$200,000	\$0 (+15%)	\$1,000 (-10%)	\$5,000 (-25%)
\$50,000	\$150,000		\$150 - Automatic	\$2,500 (-20%)	\$10,000 (-35%)

Pre-Existing Stability Period

AGE	PRE-EXISTING CONDITIONS	STABILITY
59 and under	*Covered	120 days prior to the effective date or arrival in Canada - whichever occurs later
60 - 69	*Covered	180 days prior to the effective date or arrival in Canada - whichever occurs later
70 and over	Not Covered	Pre-existing conditions are not covered

PART 4 – PAYMENT INFORMATION

Visa Mastercard ** An agent will contact you separately for the CVV (3 digit number on the back of the card).

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 toll free at 1-800-667-0429, Monday to Friday 8:45am to 4:45 pm Eastern Time

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 CAD** 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, you must answer the Medical Questionnaire to purchase Emergency Medical 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, 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 "What else do you need to consider?" section. 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 know of no reason for which you may seek medical attention.
2. You are:
 - a) A foreign worker, international student studying in Canada or a visitor to Canada with valid legal status in Canada; or,
 - b) An immigrant awaiting provincial or territorial government health care coverage; or,
 - c) A Canadian returning to Canada from an extended leave who is eligible for but not yet covered by a provincial or territorial government health care plan.
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 do not have Chronic Obstructive Pulmonary Disease (COPD), including emphysema, requiring home oxygen.
7. You do not have pancreatic cancer, liver cancer or any type of cancer that has metastasized or that required a bone marrow transplant.
8. You do not have kidney disease requiring dialysis.
9. You have not had or are not waiting for an organ transplant.
10. You have not been diagnosed with congestive heart failure also known as pulmonary edema.

Rate Qualification Questions

Applicable to travellers 60 years or older

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

1. Have you had any of the following in the last 12 months?

- | | |
|---|--|
| <input type="radio"/> Myocardial infarction also known as heart attack | <input type="radio"/> Arterial by-pass, angioplasty and/or placement of a stent for a cardiovascular condition |
| <input type="radio"/> Stroke and/or Transient Ischemic Attack (TIA) also known as mini-stroke | <input type="radio"/> None |

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.

- | | |
|---|--|
| <input type="radio"/> Atrial fibrillation* | <input type="radio"/> Chronic Obstructive Pulmonary Disease (COPD), including emphysema, not requiring home oxygen |
| <input type="radio"/> Diabetes requiring insulin | <input type="radio"/> Asthma |
| <input type="radio"/> Liver disease, excluding liver cancer | <input type="radio"/> None |
| <input type="radio"/> Pneumonia | |
| <input type="radio"/> Coronary artery disease (CAD)* | |
| <input type="radio"/> Arteriosclerosis and/or atherosclerosis also known as hardening of the arteries | |

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

- Yes No

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 Medical Questionnaire accurately as it relates to my health conditions.

Name of Insured/Patient

X

Signature

Policy Number

Date DD | MM | YYYY

