

## **Manulife Financial Travel Insurance**

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# Medical Questionnaire and Application for **Travelling Canadians**

### **Instructions**

Medical questions help us to determine your eligibility and premium rate.

1. If you are under the age of 60 and meet the Eligibility requirements in Section A Step 1, complete Section A Step 2 and Section B.
2. All other applicants must complete the entire Medical Questionnaire to apply for this insurance. If you are uncertain of your answers to any medical questions, please consult your doctor before completing this Medical Questionnaire.
3. All applications must be completed before the effective date of insurance.

### **Plan Information**

**Emergency Medical Single-Trip Plan** – Provides coverage for a single trip while travelling outside your province or territory of residence.

**Emergency Medical Multi-Trip Plan** – Provides coverage for any number of trips up to the option you selected (4, 10, 18, 30 or 60 days). Trips must be separated by a return to your province or territory of residence or Canada. The Multi-Trip Plans offer unlimited travel within Canada (excluding your province or territory of residence).

**Travel Canada Emergency Medical Plan** – Provides coverage for a single trip while travelling within Canada and outside your province or territory of residence.

### **Definitions**

Italicized words have a specific meaning. Please refer to the following definitions when completing the Medical Questionnaire.

***Change in medication*** means the medication dosage, frequency or type has been reduced, increased or stopped, and/or new medication has been prescribed. Exceptions: the routine adjustment of Coumadin, warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in your *medical condition*; and a change from a brand name medication to a generic brand medication of the same dosage.

***Medical condition*** means sickness, injury, disease or symptom(s), complication of pregnancy within the first 31 weeks of pregnancy.

***Pre-existing condition*** means any disease, sickness or injury (including symptoms of undiagnosed conditions).

***Stable*** – A *medical condition* is considered *stable* when all of the following statements are true:

1. there has not been any new *treatment* prescribed or recommended, or change(s) to existing *treatment* (including a stoppage in *treatment*), and
2. there has not been any *change in medication*, or any recommendation or starting of a new prescription drug, and
3. the *medical condition* has not become worse, and
4. there have not been any new, more frequent or more severe symptoms, and
5. there has been no hospitalization or referral to a specialist, and
6. there have not been any tests, investigation or *treatment* recommended, but not yet complete, nor any outstanding test results, and
7. there is no planned or pending *treatment*.

All of the above conditions must be met for a *medical condition* to be considered *stable*.

***Treatment, Treated*** means hospitalization, a procedure prescribed, performed or recommended by a physician for a *medical condition*. This includes but is not limited to prescribed medication, investigative testing and surgery. **IMPORTANT:** Any reference to testing, tests, test results or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

## Section A – Medical Questionnaire

Name of Applicant 1 \_\_\_\_\_

Name of Applicant 2 \_\_\_\_\_

### Step 1: Are you eligible for coverage?

**Eligibility.** You must be at least 30 days of age and 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 to any person who:

- is travelling against the advice of a physician;
- is diagnosed with a terminal illness or metastatic cancer;
- requires kidney dialysis;
- has been prescribed or used home oxygen in the last twelve (12) months;
- has had a bone marrow, stem cell or organ transplant (excluding cornea).

If you are not eligible to purchase this insurance, DO NOT complete this application.

### Step 2: Your Declaration (Please read carefully before signing.)

I am eligible to apply to The Manufacturers Life Insurance Company (Manulife) for insurance under the Manulife Financial Travel Insurance policy. I declare that all the information I am providing on this application is true and complete. I understand the meaning of *treatment/treated*, as defined and used in this questionnaire.

I understand this coverage is subject to terms, conditions, limitations and exclusions (including the *pre-existing medical condition* exclusion) and that this coverage may exclude or limit an amount payable if I have a claim. I 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 and/or Manulife and its reinsurers any such information for the purpose of this application and contract and any subsequent claim.

Applicant 1 Signature \_\_\_\_\_ Applicant 2 Signature \_\_\_\_\_ Date DD/MM/YYYY

### Step 3: Do you require Individual Medical Underwriting?

You will need to answer the following questions to determine if you are eligible to purchase this insurance or our Individual Medical Underwriting Plan. If you are unsure of your answer to any medical question, consult your doctor before completing this application.

	Applicant 1		Applicant 2	
	YES	NO	YES	NO
1. Have you had a heart bypass, coronary angioplasty or heart valve surgery <b>more than ten (10) years ago</b> ?				
2. In the last <b>three (3) years</b> , have you been diagnosed with, taken or been prescribed medication, or been <i>treated</i> for any two (2) of the following (if you only have one (1) of the following conditions, answer "NO"): <ul style="list-style-type: none"> <li>• Heart condition;</li> <li>• Lung condition (except unrepeated prescription medications used for a single episode) (medication includes any puffers/inhalers);</li> <li>• Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (medication includes use of aspirin/Entrophen for this condition);</li> <li>• Diabetes (<i>treated</i> with medication and/or insulin);</li> <li>• Narrowed or blocked artery in the legs (also called Peripheral Vascular Disease)?</li> </ul>				
3. In the last <b>two (2) years</b> , have you: a) been diagnosed with, taken or been prescribed medication, or been <i>treated</i> for heart failure or congestive heart failure; and/or b) been prescribed or taken Lasix or furosemide or a water pill for ankle or leg swelling or water on the lungs?				
4. In the last <b>twelve (12) months</b> , have you had: a) a new heart condition, or had an existing heart condition for which you had a <i>change in medication</i> or were hospitalized (as an inpatient or seen in the emergency department); and/or b) shortness of breath or chest pain for which you sought <i>treatment</i> ; and/or c) a lung condition for which you were hospitalized (as an inpatient or seen in the emergency department) or for which you have been prescribed or taken prednisone; and/or d) cancer or received chemotherapy and/or radiotherapy and/or other <i>treatment</i> , other than routine follow-up, for cancer (except basal cell and squamous cell skin cancer, and breast cancer <i>treated</i> only with hormonal therapy)?				
5. In the last <b>four (4) months</b> , have you been prescribed or taken <b>six (6)</b> or more prescription medications? <b>Do not count</b> 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.				

If you must answer "YES" to ANY of the above questions, **you are not eligible** to purchase this insurance.

Please contact your agent/broker to apply for our Individual Medical Underwriting plan for coverage of your *pre-existing medical conditions*.

If you answered "NO" to ALL of the above questions, you are eligible to purchase this insurance. Proceed to Step 4.

## Step 4: Find Your Rate Category

Applicant 1		Applicant 2	
YES	NO	YES	NO

### Part 1 – Smoking Status

1. In the last **two (2) years**, have you smoked cigarettes and/or used vaping products or e-cigarettes?

### Part 2 – Rate Qualification

1. Have you **ever** been diagnosed with or *treated* for:

- a) a heart condition; and/or
- b) any of the following conditions:
  - Aortic aneurysm (including thoracic or abdominal aneurysm)
  - Cirrhosis of the liver;
  - Parkinson’s disease;
  - Alzheimer’s disease or other form of dementia?

2. In the last **three (3) months**, have you been prescribed or taken a total of **three (3) or more** medications for high blood pressure (hypertension)?

3. In the last **five (5) years**, have you been diagnosed with, taken or been prescribed medication, or been *treated* for any of the following:

- Lung condition (except unrepeat prescription medications used for a single episode) (medication includes any puffers/inhalers);
- Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (medication includes use of aspirin/Entrophen for this condition);
- Diabetes (*treated* with medication and/or insulin);
- Narrowed or blocked artery in the legs or in the neck?

If you answered “**YES**” to ANY question in Step 4 – Part 2, you qualify for Rate Category C.

If you answered “**NO**” to ALL questions in Step 4 – Part 2, you must answer the questions in Step 4 – Part 3.

### Part 3 – Rate Qualification

1. In the last **two (2) years**, have you been diagnosed with, taken or been prescribed medication, or *treated* for any of the following conditions:

- Gastrointestinal bleeding or bowel obstruction or have had bowel surgery;
- Chronic bowel disorder (such as, but not limited to, Crohn’s disease or ulcerative colitis);
- Kidney disorder (including stones) or liver disorder or pancreatitis;
- Gallbladder disorder (including stones. not applicable if gallbladder has been removed)?

2. In the last **two (2) years**, have you been diagnosed with and/or *treated* by a hematologist or an internist for a blood disorder?

3. Are you over 70, and have you had a fall for which you sought medical attention in the last **six (6) months**?

4. In the last **six (6) months**, have you received advice or *treatment* **more than twice** in the emergency room of a hospital?

If you answered “**YES**” to ANY question in Step 4 – Part 3, you qualify for Rate Category B.

If you answered “**NO**” to ALL questions in Step 4 – Part 3, you qualify for Rate Category A.

### Rate Category

I am 60 years of age or older and based on my answers above, I qualify for the following rate category:

**Applicant 1:**     A        B        C                    **Applicant 2:**     A        B        C

**IMPORTANT:** The rate category you qualify for determines the *pre-existing medical condition* exclusion that applies to your coverage.

The *pre-existing medical condition* exclusions are detailed below.

**NOTE:** If you prefer to have your *pre-existing medical conditions* covered, contact your broker/agent to apply and get a quote for our Individual Medical Underwriting Plan. You may be provided with a quote for a **single-trip emergency medical plan and have your *pre-existing medical conditions* covered.**

## Rate Categories and Pre-existing Medical Condition Exclusion

The following *pre-existing medical condition* exclusion applies to your Rate Category. All applicants 59 years of age or younger automatically qualify for Rate Category A.

**Rate Category A.** We will not pay any expenses relating to:

- a *pre-existing medical condition* that is not *stable* in the **three (3) months** before your effective date; and/or
- your heart condition if, in the **three (3) months** before your effective date, any heart condition has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
- your lung condition if, in the **three (3) months** before your effective date, any lung condition has not been *stable* or you required *treatment* with oxygen or prednisone for your lung condition.

**Rate Categories B and C.** We will not pay any expenses relating to:

- a *pre-existing medical condition* that is not *stable* in the **six (6) months** before your effective date; and/or
- your heart condition if, in the **six (6) months** before your effective date, any heart condition has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
- your lung condition if, in the **six (6) months** before your effective date, any lung condition has not been *stable* or you required *treatment* with oxygen or prednisone for your lung condition.

## Section B – Insurance Application

**Applicant 1:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth DD/MM/YYYY  
 Home Address \_\_\_\_\_ Unit/Apt. \_\_\_\_\_ City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Email (optional) \_\_\_\_\_  
 Country of Destination \_\_\_\_\_ Phone # at Destination \_\_\_\_\_

**Applicant 2:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth DD/MM/YYYY  
 Home Address \_\_\_\_\_ Unit/Apt. \_\_\_\_\_ City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Email (optional) \_\_\_\_\_  
 Country of Destination \_\_\_\_\_ Phone # at Destination \_\_\_\_\_

### Travel Information

Select your Emergency Medical Plan	Applicant 1					Applicant 2				
<b>1. Multi-Trip Plan</b> – covers multiple trips for 365 days	4 days	10 days	18 days	30 days	60 days	4 days	10 days	18 days	30 days	60 days
	Effective Date DD/MM/YYYY					Effective Date DD/MM/YYYY				
<b>2. Single-Trip or Top-Up Duration</b>	Departure Date DD/MM/YYYY					Departure Date DD/MM/YYYY				
	Effective Date* DD/MM/YYYY					Effective Date* DD/MM/YYYY				
	Expiry Date DD/MM/YYYY					Expiry Date DD/MM/YYYY				
	Total # of Days**					Total # of Days**				

\*Coverage will begin on the effective date you choose. If you are adding this insurance as a top up to an existing coverage, the effective date will be the day after your existing coverage terminates.

\*\*Count your effective date, your expiry date and the days in between.

### Savings Option

Deductible Savings: All published rates include a zero deductible. Not applicable to Travel Canada Emergency Medical Plan.

Deductible (\$ CDN)	\$0	\$500	\$1,000	\$5,000	\$10,000	Savings Applied
Savings Amount	0%	10%	15%	30%	35%	
Travel Canada Emergency Medical Plan*: Cannot be combined with a Deductible Savings.						50%

\*Entire trip must be in Canada.

### Calculate Your Premium

	Applicant 1	Applicant 2
1. Rate Category		
2. Multi-Trip Premium (premium for trip length you selected)	\$	\$
3. Single-Trip or Top-Up Premium (number of days* x daily rate applicable to the TOTAL NUMBER OF DAYS IN YOUR TRIP)	+\$	+\$
4. SUBTOTAL	=\$	=\$
5. Savings Option (line 4 x % selected in Savings Option)	\$	\$
6. Travel Companion Savings (line 4 x 5% for each applicant, if applicable)	\$	\$
7. TOTAL SAVINGS (ADD lines 5 and 6)	\$	\$
8. SUBTOTAL (line 4 LESS line 7)	\$	\$
9. Smoker's Surcharge – if you are age 60 or over and have smoked cigarettes and/or used vaping products or e-cigarettes in the last two (2) years prior to the date of this application, calculate line 4 x 10%	\$	\$
10. TOTAL PREMIUM per Applicant (ADD lines 8 and 9)	\$	\$
11. TOTAL PAYMENT (submitted for Applicant 1 PLUS Applicant 2)	\$	

\*Use "Total # of Days" as defined under Travel Information.

## Part 4 – Payment

By cheque (payable to The Manufacturers Life Insurance Company)

Mail this application with your cheque to your agent/advisor.

To apply securely using your credit card, please contact your agent/advisor.

## Personal Information Statement

In this Statement, “you” and “your” refer to the policyowner or holder of rights under the contract, the insured and the parent or guardian of any child named as insured who is under the legal age for providing consent. “We”, “us”, “our” and “the Company” refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Updates to this Statement and further information about our privacy practices are posted to [www.manulife.ca](http://www.manulife.ca).

We collect, use, verify and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. By selecting submit or by signing the application, you give your consent for us to collect, use and disclose your personal information, as set out in this Personal Information Statement. Any alterations to the consent must be agreed to in writing by the Company.

### What personal information do we collect?

Depending on the product you have applied for, we collect specific personal information about you, such as:

- Identifying information such as your name, address, telephone number(s), email address, date of birth or driver's licence
- Medical information that any organization or person has about you
- A personal investigation, financial information, credit bureau report and/or a consumer report from other organizations, person or source that has any information or records about you
- Information about how you use our products and services, and information about your preferences, demographics and interests
- Other personal information we may require to administer our business relationship with you

We use fair and lawful means to collect your personal information.

### Where do we collect your personal information from?

- Your completed applications and forms
- Other interactions between you and the Company
- Other sources, such as:
  - Your advisor or authorized representative(s)
  - Third parties with whom we deal in issuing and administering your policy now, and in the future
  - Public sources, such as government agencies and Internet sites

### What do we use your personal information for?

We will use your personal information to:

- Help us properly administer the products and services that we provide and to manage our relationship with you
- Confirm your identity and the accuracy of the information you provide
- Evaluate your application, and issue and administer the rights under the policy
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us understand our customers better so we can improve the products and services we provide
- Determine your eligibility for, and provide you with details of, other products or services that may be of interest to you

### Who do we disclose your information to?

- Persons, financial institutions and other parties with whom we deal in issuing and administering your policy now, and in the future
- Authorized employees, agents and representatives

## Advisor's Report • For Advisor/Agent Use Only

You confirm that you have disclosed the following information to the applicant:

- the name of the company or companies you represent;
- that you receive commissions for the sale of life, accident and sickness insurance products and may receive bonuses, invitations to conferences or other incentives; and
- any conflicts of interest you may have with respect to this transaction.

Your Name (first, middle initial, last)	Advisor Code <b>SB000</b>	Signature	
Agent Name <b>Special Benefits Insurance Services</b>	Telephone Number <b>1-800-667-0429</b>	Fax Number <b>(1) 416-601-0308</b>	Agent Selling Code <b>AT47699</b>
Company Name and Address <b>860 - 20 Toronto St, Toronto ON M5C 2B8</b>		Email Address <b>general@sbis.ca</b>	Resource Centre Code

Agent/Advisor – Please send completed applications to: Special Benefits Insurance Services, 860-20 Toronto St, Toronto ON M5C 2B8.

For more information, please visit [manulife.ca](http://manulife.ca) or to speak with a Manulife representative, please contact **1-888-626-8543**.

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- Your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- Service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical and investigative agencies)
- Your medical doctor
- Public health authorities as required, if laboratory tests performed on our behalf show that you have tested positive for infectious disease

The abovementioned people, organizations and service providers are both within Canada and jurisdictions outside Canada, and would therefore be subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

### How long do we keep your information?

The longer of:

- The time period required by law and by guidelines set for the financial services industry, and
- The time period required to administer the products and services we provide.

### Withdrawing your consent

You may withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements.

You may not withdraw your consent for us to collect, use, retain or disclose personal information we need to issue or administer the policy unless federal or provincial/territorial laws give you this right. If you do so, a policy may not be issued and benefits will not be payable under the contract or we may treat your withdrawal of consent as a request to terminate the contract.

If you wish to withdraw your consent, phone our customer care centre at 1-888-MANULIFE (626-8543), or 1-888-MANUVIE (626-8843) in Quebec, or write to the Privacy Officer at the address below.

### Accuracy and access

You will notify us of any change to your contact information. You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. If you have a question or a concern, wish to receive more information about parties who have access to your information or about our privacy policies and procedures, and/or wish to review your personal information in our files or correct any inaccuracies, you may send a written request to:

**Privacy Officer**  
**Manulife**  
**P.O. Box 1602**  
**500 King Street North**  
**Waterloo, ON N2J 4C6**  
[Privacy\\_office\\_canadian\\_division@manulife.com](mailto:Privacy_office_canadian_division@manulife.com)

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email. By contacting us via email you are authorizing us to communicate with you by email.