

	[30-day Package or less with cancellation amount before departure]	[31-day Package or more] OR [30-day Package or less without cancellation amount before departure]	Emergency Medical Care (Individual or Annual)	Package option (Purchase of Annual - Emergency Medical Care mandatory)	Cancellation or Interruption	Visitors to Canada OR Summertime Blue 75 years and less
Age 0 to 60	Exclusion 1	Exclusion 1	Exclusion 1	Exclusion 1	Exclusion 1	Exclusion 1
Age 61 to 75	Cancellation ➡ Exclusion 1 Medical ➡ Exclusion 1	Cancellation ➡ Exclusion 1 Medical ➡ Exclusion 2	Complete Health Declaration 2	Cancellation ➡ Exclusion 1	Exclusion 1	Exclusion 2
Age 76 and over	Cancellation ➡ Exclusion 1 Medical ➡ Exclusion 2					

For persons aged 61 years and over, applying for the Emergency Medical Care, please complete the Health Declaration 2 (Medical Care plans for persons of 61 years and over).

EXCLUSION 1 During the **3 months prior to the effective date*** of coverage, have you for an illness or an injury:

Family Plan

- A - been hospitalized? No Yes
- B - received a change in an existing medication[†] (including usage or dosage)? No Yes
- C - received a change in an existing treatment? No Yes
- D - taken nitroglycerin for a heart condition more than once in a 7-day period for the relief of a chest pain? No Yes
- E - been treated with home oxygen or had recourse to a corticoid therapy related to a pulmonary condition? No Yes
- f - consulted a physician (other than for a regular check-up)? No Yes
- g - been prescribed or received a new treatment? No Yes
- h - been prescribed or taken new medication? No Yes

If you answered **YES** to one of the questions **A** to **E**, the **medical condition declared is not covered**.

If you answered **YES** to one of the questions **f** to **h** and the **medical condition declared is a chronic medical condition**, the **condition declared is not covered**.

If you answered **YES** to one of the questions **f** to **h** and the **medical condition declared is not a chronic medical condition**, please **answer to questions i** to **m** (with the exception of Visitors to Canada plans).

This non-chronic medical condition:

- i - Is it on-going, or will it be on-going, 30 days prior to the effective date* of coverage? No Yes
- j - Does it require a surgical intervention? No Yes
- k - Does it require medication for more than 15 days? No Yes
- l - Does it require more than one follow-up visit to a physician? No Yes
- m - Does it require consultation with a medical specialist? No Yes

If you answered **YES** to one of the questions **i** to **m**, the **medical condition declared is not covered**.

EXCLUSION 2

During the 6 months prior to the departure date, for any one of the 7 FOLLOWING CONDITIONS, have you:

- **consulted a physician (other than for a regular check-up)?** - **been prescribed or received a treatment?**
- **been hospitalized?** - **been prescribed or taken a medication?**

1. **Cardiovascular conditions:** myocardial infarction, angina, arrhythmia, pacemaker, defibrillator, congestive heart failure, bypass, angioplasty, valvulopathy or valve replacement, aortic aneurysm, heart transplantation, peripheral vascular disease No Yes
2. **Chronic obstructive lung conditions:** asthma, emphysema, chronic bronchitis, lung transplantation No Yes
3. **Neurological conditions:** cerebral-vascular accident, transient ischemic attack No Yes
4. **Insulin-dependent diabetes:** diabetes treated with insulin injections No Yes
5. **Kidney failure, kidney transplantation** No Yes
6. **Gastrointestinal conditions:** cirrhosis, hepatitis, ulcers, internal bleeding, liver transplantation, intestinal obstruction No Yes
7. **Cancer or malignant tumor** No Yes

During the 6 months prior to the departure date, for ANY OTHER MEDICAL CONDITION, have you:

- A - been hospitalized? No Yes
- B - received a change in an existing medication[†] (including usage or dosage)? No Yes
- C - received a change in an existing treatment? No Yes
- d - consulted a physician (other than for a regular check-up)? No Yes
- e - been prescribed or received a new treatment? No Yes
- f - been prescribed or taken new medication? No Yes

If you answered **YES** to one of the questions **l** to **7**, the **medical condition declared is not covered**, please refer to the **Medical questionnaire** section.

If you answered **YES** to one of the questions **A** to **C**, the **medical condition declared is not covered**, please refer to the **Medical questionnaire** section.

If you answered **YES** to one of the questions **d** to **f** and the **medical condition declared is a chronic medical condition**, the **condition declared is not covered**, please refer to the **Medical questionnaire** section.

If you answered **YES** to one of the questions **d** to **f** and the **medical condition declared is not a chronic medical condition**, please **answer to questions g** to **k** (with the exception of Visitors to Canada plans).

This non-chronic medical condition:

- g - Is it on-going, or will it be on-going, 30 days prior to the departure date? No Yes
- h - Does it require a surgical intervention? No Yes
- i - Does it require medication for more than 15 days? No Yes
- j - Does it require more than one follow-up visit to a physician? No Yes
- k - Does it require consultation with a medical specialist? No Yes

If you answered **YES** to one of the questions **g** to **k**, the **medical condition declared is not covered**, please refer to the **Medical questionnaire** section.

MEDICAL QUESTIONNAIRE (Does not apply to Visitors to Canada plans)

We offer you the option of having a medical questionnaire filled out by your attending physician. If the medical questionnaire is accepted, your pre-existing medical condition will be covered. The following conditions are not eligible for the medical questionnaire: kidney failure under dialysis, lung condition with oxygen or cortisone therapy, cancer with metastases, medical condition in a terminal phase. **I accept.** **I refuse.**

IMPORTANT - Please inform your agent if a health problem arises prior to your departure and ask him/her to proceed with a new evaluation before leaving the province, otherwise this condition may not be covered. Any incomplete, erroneous or inaccurate statement shall render the travel insurance policy **NULL AND VOID** in its entirety.

Client's signature: _____ Date: _____

† The following elements are not considered as a change in existing medication:

- the routine adjustment of insulin or Coumadin;
- a change from a brand name medication to a generic brand medication, provided the dosage is the same;
- Aspirin taken for non-prescribed medical purposes;
- decrease of the dosage of cholesterol medication;
- hormone replacement therapy;
- vitamins and minerals and non-prescription medication;
- creams or ointments prescribed for cutaneous irritations.

*** Effective date:**

- **Medical Care expenses:** departure date (or date of each departure for Annual Plans)
- **Cancellation or Interruption:** date of purchase of insurance (or of the trip for Annual with Package option)