



Visitors to Canada Travel Insurance Application Form

*** Applicants can select Plan A or Plan B. Before selecting Plan A or B, read the section "Pre-existing Condition Exclusion" which explains the difference between Plan A and Plan B.**

*** For Plan B, applicants 40 years of age and over must also complete Part A.**

Who can apply?

- Visitors to Canada;
- Canadians who are not eligible for benefits under a government health insurance plan;
- Persons who are coming to or in Canada on a work visa or Parent and Grandparent Super Visa; or
- New immigrants who are awaiting government health insurance plan coverage.

Instructions

Medical questions help us to determine eligibility, assess risk and determine the premium rate that is appropriate.

- Eligibility – Before completing this application you must determine your eligibility. Carefully read the **Eligibility and Plan Qualification** section prior to proceeding. If after reading this section you determine that you are eligible, you qualify for Plan A or Plan B.
- Those aged 40-85 who are eligible to complete this application may be eligible for Plan B. To be eligible for Plan B, you must answer NO to all of the questions in **Part A • Medical Questionnaire**. If you are uncertain of your answers to any of the medical questions, please consult your doctor before completing the Medical Questionnaire section.

Definitions

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

Activities of daily living means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

Change in medication means the medication dosage, frequency or type has been reduced, increased or stopped, and/or new medications have been prescribed. We do not mean a change from a brand-name drug to an equivalent generic drug of the same dosage, and a routine adjustment in the dosage of your medication, as a result of your blood levels only, if you are taking Coumadin (warfarin) or insulin and are required to have your blood levels tested on a regular basis and your *medical condition* remains unchanged.

Effective date means the date on which your coverage starts.

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

Pre-existing condition means a *medical condition* that exists before your *effective date*.

Stable medical condition means that:

- you have not had a new symptom(s); and
- existing symptom(s) have not become more frequent or severe; and
- a physician has not found that the *medical condition* has become worse; and
- no test findings have shown that the *medical condition* may be getting worse; and
- a physician has not provided, prescribed, or recommended any new medication, or any *change in medication*; and
- a physician has not provided, prescribed, or recommended any investigative testing, new *treatment* or any change in *treatment*; and
- there has been no hospitalization or referral to a specialist or specialty clinic; and
- a physician has not advised referral to a specialist or further testing, and there has been no testing for which the results have not yet been received.

Treatment hospitalization, prescribed medication (including prescribed as needed) medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner. 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.

Pre-existing Condition Exclusion

The *pre-existing condition* exclusion that applies depends on your age and the plan you have qualified for as determined by your answers to the medical questions.

Plan A

Up to age 85: We will not pay any expenses relating to any *medical condition*, diagnosed or undiagnosed, which existed or for which you sought or received medical advice, consultation, investigation, or for which *treatment* was required or recommended by a physician, in the 180 days before your *effective date* of insurance; any heart condition if, in the 180 days before the *effective date*, you require any form of nitroglycerine for the relief of angina pain; any lung condition if, in the 180 days before the *effective date*, you require *treatment* with oxygen or prednisone for a lung condition.

Plan B

Up to age 85: We will not pay any expenses relating to a *pre-existing condition* that is not *stable* in the 180 days before your *effective date*; any heart condition if, in the 180 days before the *effective date*, you require any form of nitroglycerine for the relief of angina pain; any lung condition if, in the 180 days before the *effective date*, you require *treatment* with oxygen or prednisone for a lung condition.

ALL PLANS & ALL AGES

Hospitalization for a *pre-existing condition*: We will not pay any expenses relating to a *pre-existing condition* for which you are hospitalized either more than once or for at least 2 consecutive days in the 12 months before your *effective date*.

Eligibility and Plan Qualification

COVERAGE ELIGIBILITY

You are **not eligible** for coverage under this policy if any of the following apply to you:

- You are travelling against the advice of a physician;
- You have been diagnosed with a terminal illness with less than 2 years to live;
- You have a kidney condition requiring dialysis;
- You have used home oxygen during the 12 months prior to the date of application;
- You have been diagnosed with Alzheimer's disease or any other form of dementia;
- You are under 30 days or over 85 years of age (over 69 years of age for \$150,000 Single-Trip Emergency Medical Coverage);
- You reside in a nursing home, home for the aged, other long-term care facility or rehabilitation centre; and/or
- You require assistance with *activities of daily living*.

After reading the above, if you determine that you are eligible, you qualify to purchase this insurance.

If you are eligible to purchase this coverage and are aged 40-85 (40-69 years of age for \$150,000 Single-Trip Emergency Medical coverage) you may qualify for Plan B, which covers *stable pre-existing medical conditions* that have been *stable* for 180 days before your *effective date*. If you are applying for Plan B, you must answer NO to each question in Part A below. If you are uncertain of your answers to any of the medical questions below, please consult your doctor before completing the Medical Questionnaire.

Part A • Medical Questionnaire

ELIGIBILITY QUESTIONS FOR PLAN B, if you are 40 years of age or older

- | | Applicant 1 | Applicant 2 |
|---|--|--|
| 1. Have you: had heart bypass or valve surgery more than ten (10) years ago? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you: have BOTH diabetes (for which you require the use of medication) AND a heart condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever: received an organ transplant? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. In the past 2 years, have you: | | |
| a) been prescribed or taken Lasix or furosemide for any condition; and/or | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) had congestive heart failure; and/or | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) required <i>treatment</i> with oxygen or prednisone (or other oral steroid medication, not including puffers) for a lung condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. In the past 12 months, have you: | | |
| a) started <i>treatment</i> for and/or been diagnosed with a heart attack; stroke; transient ischemic attack (TIA); mini-stroke; or internal bleeding; and/or | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) been diagnosed with cancer, or received chemotherapy or radiotherapy or any other <i>treatment</i> of cancer; and/or | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) been hospitalized for 24 hours or more for a gastrointestinal disease or disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered YES to ANY of the PLAN B eligibility questions, you **are not eligible** to purchase PLAN B.

If you answered NO to ALL the PLAN B eligibility questions, you **are eligible** to purchase PLAN B. Please complete the statement below.

I/we certify that the information provided on this form is true and accurate, and understand that such information is material to the risk, and constitutes the basis of any coverage offered. I/we fully understand that if any of my/our answers are untrue or incorrect, then coverage offered will be null and void.

I/we understand that the Policy contains important terms and conditions of coverage including exclusions and other limitations. I/we understand that Manulife, its agents, third party administrators or its legal representatives may investigate any claim. I/we authorize any hospital, physician or their medical service provider, or any other organization or person that has any records or knowledge of me/us and my/our health to release to third party administrators, and Manulife and its reinsurers, any such information for the purpose of this application, contract and any subsequent claim.

Applicant /Sponsor 1:

Name: _____ Plan A Plan B Signature _____ Dated _____

Applicant /Sponsor 2:

Name: _____ Plan A Plan B Signature _____ Dated _____

RELATIONSHIP TO VISITOR(S) TO CANADA

If you are completing this application on behalf of the Visitor(s) to Canada, please indicate your relationship to the Visitor(s) _____

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