

HEALTH DECLARATION

I declare that, to the best of my knowledge and in good faith, I/we are in good health, that I/we have not received any medical attention, and that I/we know of no reason to seek medical attention.

I/we acknowledge that any sickness that manifests itself during the first 48-hours after the effective date is not covered, even if the related expenses are incurred after the 48-hour waiting period. (TIC Policy Wording, page 7 "Waiting Period")

Please read and make yourself familiar with the **EHM1 Pre-existing Conditions Exclusion:**

- a) If you are age 59 or under, benefits are not payable for costs incurred due to or resulting from your medical condition or related condition, other than a minor ailment, that was not stable at any time during the 90 days immediately before the effective date.
- b) If you are age 60 to 74 and travelling for no more than 15 days, benefits are not payable for costs incurred due to or resulting from your medical condition or related condition, other than a minor ailment, that was not stable at any time during the 180 days immediately before the effective date.

I/we confirm that we have read *EHM1 Pre-existing Conditions Exclusion* and comply with the required stability.

This declaration is issued in consideration of my request for travel medical and hospital insurance.

Signed this _____ day of _____, 20____, in _____, _____
day month yr Province / States Country

Name of Insured(s) _____

The electronic signature(s) on this application have the same effect as if I/we signed it in ink.

Signature _____
(insured or person signing on behalf of insured)

Witness _____