

# Medical Questionnaire

Underwritten by Co-operators Life Insurance Company.



Simpson Group  
Insurance Services Inc

For Emergency Hospital & Medical single-trip plans and All-inclusive plans, this questionnaire applies to ages 60 – 74 travelling for 16 days or more and ages 75 – 89 travelling for any duration. For Emergency Hospital & Medical multi-trip plans, this questionnaire applies to all applicants age 60 or older.

If you wish to issue a policy it MUST be returned to your travel insurance representative and completed on QuickTIC.

## Section 1: Eligibility

You are eligible to apply for coverage if you meet the eligibility requirements stated below on the date you apply for coverage and on the **effective date**. If you have a change in health that makes you ineligible after the application date, please contact your travel insurance representative or TIC.

You are not eligible for coverage if you:

- a) have been diagnosed with a **terminal** illness; or
- b) have been diagnosed with stage 3 or 4 cancer, or been diagnosed or received **treatment** for any cancer (other than basal cell or squamous cell skin cancer or breast cancer treated only with hormone therapy) in the last 3 months; or
- c) require assistance with **activities of daily living**; or
- d) have been prescribed or used home oxygen for a **lung/respiratory condition** during the previous 12 months; or
- e) have had your most recent **heart surgery** more than 12 years ago or less than 6 months ago; or
- f) have a diagnosed unrepaired aneurysm of 4 centimetres or greater, measured in either length or diameter; or
- g) have received or are awaiting a bone marrow or **major organ** transplant; or
- h) have been diagnosed with or received **treatment** for a kidney disease requiring dialysis; or
- i) have ever been diagnosed with an **auto-immune disorder**; or
- j) have ever been diagnosed with congestive heart failure; or
- k) are not insured for benefits under a Canadian government health insurance plan during the entire period of coverage.

1. Do you confirm that you are eligible to apply?  Yes  No

Applicant's name (please print)

Date (mm/dd/yyyy)

## Section 2 – Rate Table Classification

2. Have you smoked tobacco or used tobacco products in the last 5 years?  Yes  No
3. a) In the 12 months before the date you apply for coverage, have you:
- i. been prescribed or taken 7 or more medications excluding aspirin?  Yes  No
  - ii. been prescribed or used prednisone for any **lung/respiratory condition**?  Yes  No
  - iii. used any form of nitroglycerine (spray, patch or pill) for the relief of angina/chest pain?  Yes  No
  - iv. been hospitalized (as an inpatient or in the emergency department) for a **heart condition**?  Yes  No
  - v. had a stroke or mini-stroke (TIA or transient ischemic attack)?  Yes  No
- b) In the last 24 months have you been diagnosed with or received **treatment** for a **blood disorder**?  Yes  No
4. In the last 5 years, have you been diagnosed with or had an investigation, **medical consultation** or **treatment** for:
- a) **Artery or vein disorder**?  Yes  No
  - b) **Cancer**?  Yes  No
  - c) Diabetes (excluding controlled by diet)?  Yes  No
  - d) **Heart condition**?  Yes  No
  - e) **Lung/respiratory condition**?  Yes  No
  - f) Stroke (CVA), mini-stroke (TIA)?  Yes  No

Applicant Name: \_\_\_\_\_

5. In the last 24 months, have you been diagnosed with or had an investigation, *medical consultation* or *treatment* for:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) <i>Neurological disorder?</i>                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) <i>Digestive tract disorder?</i>                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) <i>Internal conditions?</i>                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) High blood pressure treated with 3 or more medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
6. Was your last medical check-up more than 18 months ago?  Yes  No
7. In the last 12 months, have you been diagnosed with or had an investigation, *medical consultation* or *treatment* for:
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) High blood pressure (hypertension) treated with 1 or 2 prescription medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Pre-diabetes (glucose intolerance) and diet-controlled diabetes?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) <i>Musculoskeletal disorder?</i>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Key Terms Used in this Application

---

**Activities of daily living** means any of the following:

- d) eating;
- e) bathing;
- f) using the toilet;
- g) changing positions (including getting in and out of a bed or chair);
- h) dressing.

**Artery or vein disorder** includes aneurysm, atherosclerosis, blood clots, carotid artery stenosis, deep vein thrombosis (DVT), peripheral vascular disease (PVD), varicose veins, thrombophlebitis.

**Auto-immune disorder** includes acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV), Grave's disease, Lou Gehrig's disease, multiple sclerosis, myasthenia gravis, sarcoidosis any location, scleroderma, systematic lupus erythematosus.

**Blood Disorder** includes anemia (other than vitamin B-12 deficiency anemia), hematochromatosis, idiopathic thrombocytopenic purpura (ITP), hemophilia, polycythemia vera, Sickle-cell anemia.

**Cancer** includes cancer of the blood, bowel, brain, breast, colorectal, esophagus, lung, ovarian or uterine, prostate, skin, stomach.

**Digestive tract disorder** includes Crohn's disease, bowel, colon and intestinal disorder, diverticulitis, diverticulosis, esophagus disorder, hernia, stomach disorder, gastroesophageal reflux disease (GERD), gastritis, inflammatory bowel disease, irritable bowel syndrome (IBS), ulcer, ulcerative colitis.

**Effective date** means the later of:

- a) the date and time the completed application is accepted by TIC or its representative; or
- b) the date indicated as the effective date on your confirmation of coverage; or
- c) for Multi-trip Plans, the date you exit your province or territory of residence for each trip.

If you purchase a Multi-trip Plan after you have exited your province or territory of residence, effective date means the date indicated as the effective date on your confirmation of coverage.

For Trip Cancellation & Interruption Prior to Departure benefits, effective date means the date you make the initial non-refundable payment for your trip.

If you purchase your policy after you have exited your province or territory of residence, any sickness that manifests itself during the first 48 hours after the effective date is not covered even if related expenses are incurred after the 48-hour waiting period.

**Heart condition** includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, congestive heart failure, cardiomyopathy, carotid artery occlusion, heart attack (myocardial infarction), heart murmur, irregular heart rate or beat, any other condition relating to the heart or cardiovascular system.

**Heart surgery** includes ablation, angioplasty, heart bypass operation, implanted defibrillator, implanted pacemaker, valve replacement (repair), valvuloplasty.

**Internal condition** includes gallbladder disease, kidney disorder (including kidney stones), liver disease, ovarian or uterine disorder, prostate or urinary disorder, spleen and/or pancreatic disorder.

**Lung/respiratory condition** includes asbestosis, bronchial asthma, bronchiectasis, chronic asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, sleep apnea (using a CPAP machine), tuberculosis.

**Major organ** means, heart, kidney, liver or lung.

**Minor ailment** means a sickness or injury which ended more than 30 days prior to the *effective date* and which did not require:

- a) *treatment* for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a physician; or
- c) hospitalization, surgery, or referral to a specialist.

**Medical consultation** means any medical services obtained from a licensed medical practitioner for a sickness, injury or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and during which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical *signs or symptoms* existed between check-ups or were found during the check-up.

**Musculoskeletal disorder** includes degenerative disc disease (DDD), fibromyalgia, herniated disc, osteoporosis, osteopenia, rheumatoid arthritis, sciatica, scoliosis, spinal stenosis, spondylitis/spondylosis.

**Neurological disorder** includes Alzheimer's disease or dementia, brain injury, brain tumor, cerebral palsy, Creutzfeldt–Jakob disease, Cushing's syndrome, epilepsy, Guillain-Barré syndrome (GBS), Parkinson's disease, seizure, trigeminal neuralgia (TN or TGN).

**Signs or symptoms** means any evidence of disease experienced by you or recognized through observation.

**Stable** describes any medical condition or related condition, including any *heart condition* or *lung/respiratory condition*, for which:

- a) there has been no new **treatment**; and
- b) there has been no change in **treatment** or change in **treatment** frequency or type; and
- c) there have been no **signs or symptoms** or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and you are not awaiting the results of further investigations performed by any medical professional.

The following are considered stable:

- a) Routine (not prescribed by a physician) adjustment of insulin to control diabetes provided the insulin was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on your confirmation of coverage.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on your confirmation of coverage and there is no increase or decrease in dosage.
- c) A **minor ailment**.

**Terminal** applies to a medical condition for which a physician gave a prognosis of eventual death or for which palliative care was received prior to the **effective date**.

**Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician including, but not limited to, prescribed medication, investigative testing or surgery.

Arranged by:



Simpson Group Insurance Services Inc  
99 Evergreen Terrace S.W.  
Calgary, Ab T2Y 2R7  
Phone 403 281 4403  
Fax 403 281 4503  
Toll Free 1 800 263 0752  
email [info@simpson-group.com](mailto:info@simpson-group.com)