

# Basic medical questionnaire



Global Assistance

Underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

Do NOT fax, email or mail this document. If you wish to issue a policy it MUST be completed in quicktix.

## Information about you

male  
 female

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth MM/DD/YYYY \_\_\_\_\_ Effective Date of Coverage \_\_\_\_\_  
 Expiry Date of Coverage \_\_\_\_\_ Do you have other insurance coverage?  YES  NO If yes please indicate \_\_\_\_\_  
**Mailing Address**  
 Street \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ **DESTINATION** \_\_\_\_\_

## Section 1: Are you Eligible to Apply for Coverage?

1. Coverage is NOT AVAILABLE to any individual who, as of the effective date:
  - a) has been diagnosed with a **terminal** illness; or
  - b) has been diagnosed with or has had an episode of congestive heart failure; or
  - c) has had their most recent **heart surgery** more than 10 years ago; or
  - d) has been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); or
  - e) has been diagnosed with stage 3 or 4 cancer, or cancer of the lung, liver, pancreas, or bone; or has received **treatment** for any cancer (other than basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) in the past 3 months; or
  - f) has had a **lung condition** for which, in the last 12 months, they have been prescribed or used home oxygen; or
  - g) has received or is awaiting a bone marrow or **major organ** transplant; or
  - h) has been diagnosed with or received **treatment** for kidney disease requiring dialysis; or
  - i) has been diagnosed with an aneurysm that has not been repaired; or
  - j) requires assistance with **activities of daily living**.
2. To be eligible for coverage, you must:






CANADIAN EXPATRIATES	INPATRIATES TO CANADA
a) be at least 15 days old and no more than 69 years old; and b) be either: <ol style="list-style-type: none"> <li>i. a Canadian citizen or Canadian resident residing outside of Canada, or</li> <li>ii. a Canadian citizen or Canadian resident returning to reside in Canada, provided you were previously insured under an Allianz Global Assistance administered policy with no lapse in coverage; and</li> </ol> c) be in good health at the time you purchase your policy.	a) be at least 15 days old and not more than 69 years old; and b) not be insured or eligible for benefits under a Canadian government health insurance plan; and c) be in good health at the time you purchase your policy and on the date you exit your country of origin, and know of no reason to seek <b>medical consultation</b> during the period of coverage; and d) not have exceeded two years of uninterrupted coverage under an Allianz Global Assistance administered insurance plan.

You are eligible to apply for coverage if you meet the eligibility requirements stated.

**Do you confirm that you are eligible to apply?**  YES  NO

## Section 2: Do You Need Medical Underwriting?

In the last 12 months have you:

<ul style="list-style-type: none"><li>• Been prescribed or taken <b>any</b> medication?</li></ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO
<ul style="list-style-type: none"><li>• Been diagnosed with or had an investigation, <b>medical consultation</b>, taken prescription medication or required <b>treatment</b> for the following conditions:<ul style="list-style-type: none"><li>• <b>Heart condition</b></li><li>• <b>Artery or vein disorder</b></li><li>• Stroke/ TIA (mini stroke)</li><li>• <b>Lung condition</b></li><li>• High blood pressure</li><li>• Diabetes treated with insulin and/or oral medication</li><li>• Crohn's disease or ulcerative colitis</li><li>• Cancer</li></ul></li></ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO
<ul style="list-style-type: none"><li>• Been hospitalized for more than 24 hours? (do not include hospitalizations for appendectomy, cataract removal, dental repair or treatment, or tonsillectomy)</li></ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO
<ul style="list-style-type: none"><li>• Have you been advised to have any diagnostic test or <b>treatment</b> which has not been completed or for which you are awaiting results?</li></ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO
<ul style="list-style-type: none"><li>• In the past 12 months have you submitted a medical claim or have a medical claim pending?</li></ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO



Means you should stop completing this form because you need individual medical underwriting and will have to complete a Detailed Medical Questionnaire. You may be eligible for a customized quotation.

## Key Terms Used in this Application

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

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

**Heart condition** includes heart attack (myocardial infarction), arrhythmia, atrial fibrillation, heart murmur, irregular heart rate or beat, chest pain or angina, arteriosclerosis, aneurysm, carotid artery occlusion, (congestive) heart failure, cardiomyopathy, heart by-pass operation, valve surgery (repair or replacement), valvuloplasty or any other kind of **heart surgery**, angioplasty, use of pacemaker or defibrillator, congenital heart defect or any other condition relating to the heart or blood vessels.

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

**Lung condition** includes chronic obstructive pulmonary disease (COPD), bronchial asthma, asthma, chronic bronchitis, emphysema, tuberculosis, pulmonary fibrosis.

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

**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.

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

**Stability period** is the 365 days immediately before the effective date.

**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.