

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 since leaving our home province, and that I/we know of no reason to seek medical attention as of today's date.

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. (Allianz 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.

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 _____