



SouthernElements

Underwritten by Industrial Alliance Insurance and Financial Services Inc.



MEDI-QUOTE
INSURANCE
BROKERS
Effective July 2018

DEFINITION

Accident means an unexpected external event, occurring during an **insured trip**, which is due solely to a sudden, unintended or violent cause beyond **your** control.

Activities of daily living means dressing and undressing, assistance with bathing and hygiene, managing medication or feeding, getting into and out of bed or a wheelchair, assistance using the toilet.

Autologous stem cell transplant is a transplant where the same type of cells are removed from, stored and given back to the same person as part of **treatment**.

Blood disorder means anemia (including sickle-cell), hemophilia, a clotting disorder, or a condition being treated by a Hematologist.

Canadian Resident means a person who meets at least one of the following conditions:

- is eligible for or has a provincial government health care plan in place; or,
- is a Canadian citizen with a primary permanent residence in Canada; or,
- is a permanent or temporary resident who has landed immigrant status in Canada and a primary permanent residence in Canada.

Chronic means a **pre-existing condition** that has persisted or been treated for longer than 3 months.

Circulatory condition means blood clots, atherosclerosis, carotid artery stenosis, peripheral vascular disease (PVD) or a pulmonary embolism. Does not include deep vein thrombosis (DVT), varicose veins, thrombophlebitis.

Deductible means the portion of eligible expenses you must pay from **your** own pocket when an eligible claim occurs. For all medical insurance plans, the **deductible** applies to the expenses remaining after payment by **your** government health care plan. Deductibles are applicable per **trip**.

Departure Date means the day you leave your **home province** /territory of residence on a **trip**.

Effective Date means the date indicated on your **Confirmation of Coverage**, either on or after your **departure date**. Your **effective date** is when coverage commences.

Gastrointestinal Condition is Ulcerative Colitis, Crohn's disease, Diverticular disorder requiring surgery or prescription medication, Gastric bypass, H. Pylori, C. difficile, Gastritis, Irritable Bowel Syndrome requiring prescription medication or Barrett's esophagus. We do not include acid reflux, gastroesophageal reflux disease (GERD), heartburn, polyps removed during a routine colonoscopy or hemorrhoids.

Heart Disease/Condition is any Angioplasty or Stenting in or around the heart, Angina, Atrial Fibrillation, Congestive Heart Failure, Heart Attack/Myocardial Infarction, any form of Irregular Heartbeat or Heart Murmur, Pacemaker/Defibrillator insertion, any Cardiovascular, Valve or Bypass surgery or any other condition or diagnosis relating to the Heart or Blood Vessels of the Heart.

Hospitalization or **Hospitalized** means admitted to a hospital as an in-patient.

Investigation/Investigated means testing, evaluating or examining signs of illness or **injury** to establish the diagnosis of a medical condition. Note that if you are being investigated for a medical condition and are pending results, you are expected to declare "Yes" to that medical condition on the Southern Elements Medical Questionnaire until a diagnosis/test results clearly show that you do not have this medical condition. Please Note: **Investigation** does not include **Regular Medical Check-Up** or routine monitoring of a **Pre-Existing Condition**.

Lung or Respiratory Condition is Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or any other lung or respiratory disease/condition for which you require(d) or have a prescription for any form of inhaler or corticosteroid for a period longer than 3 months.

Metastatic Cancer means a cancer that has spread from its original site to one or more other areas.

Physician means a medical practitioner who is not yourself or an immediate **family member** and is currently registered and duly licensed in accordance with the regulations applying in the jurisdiction where they practice. A **physician** does not include a naturopath, an herbalist or a homeopath.

Pre-Existing Condition means a medical condition, illness or **injury** known to **you** as the Applicant(s), **family member** (s) or **key employee**, and for which **you** as the Applicant(s), **family member** (s) or **key employee** have received diagnosis, and/or **treatment** and/or a medical consultation by a **physician** prior to the commencement date of a covered **trip** and includes a medically recognized complication or **recurrence** of a medical condition.

Prosthesis means any device or implant (internal, external or artificial) used to repair, replace or augment a missing or impaired part of the body (this includes stents, bypasses and valve replacements).

Recurrence means the appearance of symptoms caused by or related to a medical condition that was previously diagnosed by a **physician** or for which **treatment** was previously received.

Regular Medical Check-Up means any routine medical examination unrelated to any specific medical condition or **investigation** and which is carried out for the purpose of health monitoring, health screening or preventative care.

Stable/Stability means any medical condition for which the following are true:

- There has been no alteration or change in medication or change in **treatment**;
- There has been no new **treatment** prescribed or recommended by a **physician** or received within the period specified in this Policy before the **departure date** of a covered **trip**;
- There have been no new symptoms, more frequent or more severe symptoms, or test results showing deterioration within the period specified in this Policy before the **departure date** of a covered **trip**;
- There has been no:
 - **Hospitalization**;
 - Referral to a specialist (made or recommended)
- You are not waiting on further **investigation** (s) or test results prior to the **departure date** of a covered **trip**.

**Alteration or change includes an increase or decrease in medication dosage, usage or a change in medication type, but does not include changes in brand due solely to the availability of your usual brand or due to government regulations regarding reference-based pricing. Exceptions would be the routine adjustment of Coumadin, Warfarin or Insulin or medication used to control Diabetes as long as they are not newly prescribed or stopped.*

Terminal Illness means a medical condition for which a **physician** gave a prognosis of eventual death within 12 months of your **departure date** or for which palliative care was received.

Treatment/Treated/Treat means that **you** have been **hospitalized**, have been prescribed, taken or are currently taking prescription medication (including prescribed as needed), have a **prosthesis**, or have undergone a medical or surgical procedure including routine monitoring. Note that aspirin/ASA is not considered **treatment**.

Trip means a period of round **trip** travel to a destination outside of **your** province of residence, occurring during your period of coverage.

ELIGIBILITY

	Applicant 1		Applicant 2	
To be eligible for coverage you must be a Canadian resident , and you must be insured or eligible for benefits under a Canadian government health care plan of the province or territory in which you reside for the full duration of your coverage period.	Y	N	Y	N
1. Have you:				
a) been diagnosed with a terminal illness , advised by a physician not to travel or do you require assistance with the activities of daily living ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) been prescribed or used home oxygen or used an oral steroid (ie. pills, capsules or tablets eg. Prednisone) for a Lung or Respiratory Condition in the last 12 months;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) in the last 12 months had, or are you waiting to have, an organ, stem cell or bone marrow transplant (do not count a skin graft, a cornea transplant or an autologous stem cell transplant)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you require dialysis for kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently travelling outside of Canada? (answer "no" if you're topping up a Southern Elements multi-trip/annual plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALIFICATION

	Applicant 1		Applicant 2	
4. Do you have metastatic cancer ?	Y	N	Y	N
Y = 200pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you waiting on any tests or test results for a heart disease/condition (not including routine monitoring), suspected stroke , shortness of breath or chest pains ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y = 200pts				
6. Is the purpose of your trip to seek treatment , diagnostic/investigative testing or advice for any medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y = 200pts				
AGES 0 - 59 WITH 0 PTS QUALIFY FOR ALPHA - GO DIRECTLY TO THE DECLARATION SECTION				
IF YOU'RE TRAVELLING <u>ONLY</u> WITHIN CANADA AND ANSWERED "NO" TO 4, 5 & 6 YOU QUALIFY FOR THE CANADA PLAN				

7. Have you: a) ever had an organ, stem cell or bone marrow transplant (do not count a skin graft, a cornea transplant or an autologous stem cell transplant); b) ever been diagnosed with congestive heart failure , or do you take water pills (eg. lasix/furosemide, spironolactone) for a heart disease/condition ; c) had an aneurysm of 4 cm or greater that has not been surgically repaired?	Y = 100pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever: a) been diagnosed with or treated for a chronic heart disease/condition ; b) had a stroke or mini-stroke ; c) used insulin to control diabetes ; d) been diagnosed with dementia or Alzheimer's disease ; e) been diagnosed with or treated for a chronic circulatory condition (ie. blockages in the legs, neck or arms), or do you take any form of blood thinner (including aspirin) to prevent a recurrence of blockages outside of the heart (do not include a surgically repaired aneurysm); f) had a chronic lung or respiratory condition (not including asthma)?	Y = 10pts Y = 10pts Y = 10pts Y = 10pts Y = 10pts Y = 10pts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
9. Have you had your most recent surgery for a heart disease/condition more than 12 years ago (including stent placement, angioplasty, valve surgery or bypass)?	Y = 20pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the last 3 years have you: a) been treated for a blood disorder ; b) taken 3 or more medications, including water pills, at any one time for blood pressure or hypertension ; c) had treatment for cancer (other than basal/squamous cell skin cancer, or breast or prostate cancer treated only with hormone therapy); d) been diagnosed with or treated for any kind of liver, pancreatic, spleen or kidney disease/disorder (not including stones); e) managed a chronic gastrointestinal disorder or gastrointestinal bleeding with prescription medication or surgery, or had bowel surgery; f) taken any medication to control diabetes (not including insulin)?	Y = 3pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In the last 2 years have you: a) taken 2 or more medications at any one time, including any water pills, to treat or prevent high blood pressure or hypertension ; b) taken medications to treat and/or prevent high blood pressure and manage your cholesterol ; c) managed diabetes or glucose intolerance with diet and exercise; d) had gallstones (answer "no" if gallbladder removed), kidney stones or more than one urinary tract infection ?	Y = 1pt Y = 1pt	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12. Do you have asthma , or have any open prescriptions for inhalers?	Y = 1pt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SURCHARGES (NOT ON VACATION OR TRAVELLERS UNDER 55)		Applicant 1	Applicant 2
a) In the last 5 years, have you used any type of nicotine products (not including smoking cessation aids)?	Y = 20%	<input type="checkbox"/>	<input type="checkbox"/>
b) Has it been longer than 18 months since your last regular medical check-up ?	Y = 20%	<input type="checkbox"/>	<input type="checkbox"/>

Total Points	Rate Category	Stable Pre-Existing Condition Coverage Requirement	Rate Category	Stable Pre-Existing Condition Coverage Requirement
0 = ALPHA	ALPHA & BETA	90 days (60 days for blood pressure & cholesterol)	KAPPA	180 days
1-2 = BETA	DELTA & EPSILON	180 days (90 days for blood pressure & cholesterol)	SIGMA	No Pre-Existing Condition coverage
3-5 = DELTA	OMEGA	365 days (180 days for blood pressure & cholesterol)	CANADA ONLY	0 days
6-19 = EPSILON	MODIFY YOUR COVERAGE		Applicant 1	Applicant 2
20-99 = OMEGA	Do you want to remove coverage for pre-existing conditions?		<input type="checkbox"/>	<input type="checkbox"/>
100+ = KAPPA	Do you want to cover pre-existing conditions stable over 7 days at \$250,000?		<input type="checkbox"/>	<input type="checkbox"/>
200+ = SIGMA	Do you want to include Trip Return coverage?		<input type="checkbox"/>	<input type="checkbox"/>
0 = CANADA	Do you want to remove the pre-existing condition clause (see below marked *)?		<input type="checkbox"/>	<input type="checkbox"/>
			AVAILABLE ON:	
			BETA, DELTA, EPSILON, OMEGA, KAPPA	
			ALPHA, BETA, DELTA, EPSILON, OMEGA, KAPPA	
			SINGLE TRIP PLANS	
			COST	
			-20%	
			+50%	
			\$0.50 per day	
			+10%	

DECLARATION

You authorize any organization or person that has records or knowledge of your health to give any and all information regarding your health, medical history and **treatment** to Industrial Alliance or its authorized representatives.

You understand and agree that a copy of this authorization and declaration is as valid as the original.

You understand and agree that if you refuse or withdraw this authorization your application will be denied.

***You understand** that this insurance does not provide coverage for Parkinson's disease, a **heart disease/condition treated with nitroglycerine**, a recurrence of cancer, kidney stones, gallstones, epilepsy or seizures unless you have requested and paid for the option to remove this exclusion.

You understand that purchasing this insurance after departure from your **home province** (unless currently covered by a Southern Elements multi-trip annual plan) will impose a 48 hour waiting period from the **effective date** of the policy on any sickness that manifests, even if related expenses are incurred after the 48 hour waiting period.

You understand that this questionnaire and the answers you provided are part of a contract provided through Industrial Alliance.

You understand that if your medical status or any of your answers change between the date you complete this questionnaire and your **departure date** or top-up/extension **effective date**, you must notify Medi-Quote Insurance Brokers Inc. immediately or your coverage will be null and void.

You understand that a pre-existing condition exclusion may apply to medical conditions and/or symptoms that existed prior to your **trip**. **Pre-existing conditions** that do not meet the **Stability** or **Treated** Period indicated are not covered.

Medi-Quote Insurance Brokers Inc. and Industrial Alliance Insurance and Financial Services Inc. will collect, use and/or disclose your personal information only to provide you with the insurance products and services you've requested, for other uses authorized by you, or as required by law.

You declare that you are a **Canadian Resident** and will be insured or eligible for benefits under the government health care plan of the province or territory in which you reside for the full duration of your coverage period.

You declare that you have completed this questionnaire personally and it is truthful, complete and accurate. Where you were unsure, you have consulted your **Physician**.

You acknowledge that in the event you unintentionally fail to answer any qualification question in the Medical Health Questionnaire accurately, the coverage under this Policy shall be subject to an additional **deductible** of \$15,000 USD, and no claims will be considered until a completed medical questionnaire is submitted and accepted, including any premium owed to cover the correction to the policy. The \$15,000 USD **deductible** is in addition to any other deductible amount selected at the time of arranging your policy/policies.

However, the coverage under this Policy shall be voidable at the discretion of the insurer if, before or after any loss or claim, you or your representative intentionally or with reckless disregard, conceal, misrepresent or fail to disclose any material fact or commit any fraud or false swearing pertaining to you or any claim. If your coverage is voided for non-disclosure your premium will be refunded in full and your claim denied.

Please sign here. You must sign and date this Medical Questionnaire or it will be returned to you.

Applicant 1 Signature	Applicant 2 Signature
Date	Date
mm / dd / yyyy	mm / dd / yyyy
Applicant 1 Printed Name	Applicant 2 Printed Name