



Underwritten by Industrial Alliance Insurance and Financial Services Inc.

MEDICAL DEFINITIONS

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.
Departure Date means the day you leave your home province /territory of residence on a trip.
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 external 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.
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 Escape Plan 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 medical condition.
Lung or Respiratory Condition is Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Pneumonia, Pulmonary Edema, Pulmonary Fibrosis or any other lung or respiratory disease/condition for which you require(d) or have a prescription for any form of inhaler or corticosteroid
Metastatic Cancer means a cancer that has spread from its original site to one or more other areas.
Minor Ailment means a condition which does not require the use of medication for a period of greater than 15 days, which did not require a follow-up or referral visit to a physician or specialist, and which did not require surgery or hospitalization. A chronic condition is not considered a minor ailment.
Pre-Existing Condition means a medical condition that exists prior to the commencements of a covered trip.
Stable, Stability means any medical condition (other than a minor ailment) for which the following statements are true:
1. there has not been any new treatment prescribed or recommended, or change(s)* to existing treatment (including a stoppage in treatment), and
2. there has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new prescription drug, and
3. the medical condition has not become worse, and
4. there has not been any new, more frequent or more severe symptoms, and
5. there has been no hospitalization or referral to a specialist, and
6. there have not been any tests, investigation or treatment recommended, but not yet complete, nor any outstanding test results, and
7. there is no planned or pending treatment.
*Change(s) 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.
All of the above conditions must be met for a medical condition to be considered Stable.
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. Note that aspirin/ASA is not considered treatment.

ELIGIBILITY

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.

- 1. Have you:
a) been diagnosed with a terminal illness?
b) been advised by a physician not to travel or do you require assistance with the activities of daily living?
c) ever had, or 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)?
d) been diagnosed with an aneurysm which remains surgically untreated/unrepaired?
e) ever been diagnosed with metastatic cancer, pancreatic or liver cancer, or received chemotherapy or radiation for any type of cancer in the 6 months prior to your departure date?
f) had any heart bypass, coronary angioplasty/stent placement more than 15 years prior to your departure date (answer "No" to this question if you have had a heart bypass, coronary angioplasty/stent placement in the 15 years prior to your departure date)?
g) ever been diagnosed with kidney failure or a kidney disease requiring dialysis?
h) been prescribed or used home oxygen or used an oral steroid (ie. pills, capsules or tablets eg. Prednisone) for a Lung Disease/Condition in the last 12 months?
i) ever been diagnosed with, or treated for congestive heart failure, or in the last 5 years taken Lasix/Furosemide for a Heart Disease/Condition?
2. Are you currently travelling outside of Canada?

Applicant One: Yes No
[] []

Applicant Two: Yes No
[] []



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QUALIFICATION

ANSWERING "YES" TO QUESTION 3 PUTS YOU IN RATE CATEGORY 2, ANSWERING "NO" TO QUESTION 3 PUTS YOU IN RATE CATEGORY 1

3. In the **5 years** prior to your **departure date** have you had or been diagnosed with, **investigated** for, or **treated** for any of the following:
- a **Heart Disease/Condition**;
 - a **Stroke** or **mini-stroke/TIA**;
 - a **Lung Disease/Condition**;
 - **Diabetes, Pre-Diabetes** or **Glucose Intolerance**;
 - **Peripheral vascular disease** (blocked or clogged arteries in the legs or neck), **blood clots** or **carotid artery stenosis**?
 - **Alzheimer's, Parkinson's** or **dementia**;
 - **Liver** or **kidney disease/condition**;
 - a **Gastrointestinal Condition**;
 - **Cancer**;

Applicant One:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Two:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Your policy will exclude **Pre-Existing Medical Conditions** which do not meet the following **Stability Period** requirements:

Rate Tables 1 & 2	Rate Tables 1 & 2 PLUS	Canada and Canada PLUS
90 days prior to your <i>departure date</i>	30 days prior to your <i>departure date</i>	0 days prior to your <i>departure date</i>

THIS INSURANCE DOES NOT PROVIDE COVERAGE FOR A RECURRENCE OF CANCER, KIDNEY STONES, GALLSTONES OR GOUT

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 a recurrence of **Cancer, Kidney Stones, Gallstones or Gout**.

You understand that purchasing this insurance after departure from your **home province** (unless currently covered by a Southern Odyssey 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**.

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 any of your answers are found to be incomplete or inaccurate:

- your coverage will be void for non-disclosure
- your premium will be refunded
- your claim will not be paid.

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

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

EMERGENCY CONTACT INFORMATION

Toll Free Assistance and Claims	Direct Assistance and Claims	
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