Manulife

MANULIFE
Travel80 | TERM TRAVEL INSURANCE℠

Top-Up Application Form

INSTRUCTIONS

1. This application is designed for policyholders of Manulife Travel80 Term Travel Insurance who are travelling for more than 30 days on a single-trip. This medical questionnaire will determine the premium for the additional days required.
2. If you are uncertain of your answers to any medical questions, please consult your doctor before completing this medical questionnaire.
3. All applicants under 60 years of age, at the time of this application can go to Step 2 and use Rate Category A. All applicants 60 years of age or over at the time of this application start with Step 1.

DEFINITION Please refer to the following definition when completing the Medical Questionnaire.

Treatment, Treated means hospitalization, prescribed medication (including medication prescribed "as needed"), medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner. IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Step 1 • FIND YOUR RATE CATEGORY

RATE QUALIFICATION • Part 1 – SMOKING STATUS	Applicant
1. In the last **two (2) years,** have you smoked cigarettes?	❑ Yes ❑ No

Proceed to Rate Qualification • Part 2

RATE QUALIFICATION • Part 2	Applicant
1. Have you **ever** been diagnosed with or treated for: a) a heart condition; and/or b) any of the following conditions: - Aortic aneurysm (including thoracic or abdominal aneurysm) - Cirrhosis of the liver; - Parkinson's disease; - Alzheimer's disease or other form of dementia?	 ❑ Yes ❑ No ❑ Yes ❑ No
2. In the last **three (3) months**, have you been prescribed or taken a total of **three (3) or more** medications for high blood pressure (hypertension)?	❑ Yes ❑ No
3. In the last **five (5) years**, have you been diagnosed with, taken or been prescribed mediation for, or been *treated* for any of the following?	
■ Lung condition (except unrepeated prescription medications used for single episode) (medication includes any puffer(s)/inhaler(s));	❑ Yes ❑ No
■ Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (medication includes use of aspirin/Entrophen for this condition);	❑ Yes ❑ No
■ Diabetes (if *treated* with medication and/or insulin);	❑ Yes ❑ No
■ Narrowed or blocked artery in the legs or in the neck?	❑ Yes ❑ No

If you answered "**YES**" to ANY questions in Step 1 • Part 2, you qualify for Rate Category C.
If you answered "**NO**" to ALL questions in Step 1 • Part 2, you must answer the questions in Step 1 • Part 3.

RATE QUALIFICATION • Part 3	Applicant
1. In the last **two (2) years**, have you been diagnosed with, taken or been prescribed medication, or *treated* for any of the following conditions?	
■ Gastrointestinal bleeding or bowel obstruction **or** have had bowel surgery;	❑ Yes ❑ No
■ Chronic bowel disorder (such as but not limited to Crohn's disease or Ulcerative colitis);	❑ Yes ❑ No
■ Kidney disorder (including stones) **or** Liver disorder **or** Pancreatitis;	❑ Yes ❑ No
■ Gallbladder disorder (including stones. (Not applicable if gallbladder has been removed.)	❑ Yes ❑ No
2. In the last **two (2) years**, have you been diagnosed with, and/or *treated* by a Hematologist or an Internist for a blood disorder?	❑ Yes ❑ No
3. Are you over 70, **and** have you had a fall for which you sought medical attention in the last **six (6) months**?	❑ Yes ❑ No
4. In the last **six (6) months**, have you received advice or *treatment* for a *medical emergency* **more than twice** in the emergency room of a *hospital*?	❑ Yes ❑ No

If you answered "**YES**" to ANY question in Step 1 • Part 3, you qualify for Rate Category B.
If you answered "**NO**" to ALL questions in Step 1 • Part 3, you qualify for Rate Category A.

RATE CATEGORY

I am 60 years of age or older and based on my answers above, I qualify for the following rate category: ❑ A ❑ B ❑ C

I declare that all the information I have provided on this medical questionnaire is true and complete. I understand that if I misrepresent any material information provided in this application, Manulife will void my top-up coverage and I will not be covered for any top-up benefits under my Manulife Travel80 Term Travel Insurance policy.

Applicant Signature	Date Signed (MM/DD/YYYY)

Step 2

LAST NAME, FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)

HOME ADDRESS
Street | Apt No. | City | Province | Postal Code

HOME PHONE # ( )	WORK PHONE # ( )	EMAIL (optional)	COUNTRY OF DESTINATION	PHONE # AT DESTINATION ( )

TOP-UP DURATION

TRAVEL80 TERM TRAVEL INSURANCE	POLICY NUMBER (if applicable)	TOP-UP EFFECTIVE DATE (DD/MM/YY) (must be within 180 days of purchase)

Total # of days in your trip		**Line A**
Subtract # of days already covered under your policy	–	**30**
Equals Total Top-Up days	=	**Line B**

TOP-UP NOTE:
If you are 60 or older, you must complete the Medical Questionnaire if you have not already done so.

EMERGENCY MEDICAL – Calculate your premium

Premium for your coverage is based on your age, the Rate Category you qualify for and trip duration.	**TOTAL EMERGENCY MEDICAL PREMIUM**
RATE CATEGORY _____	**TOP-UPS** (# of days X daily rate)
Based on your Rate Category, insert the Daily Rate for the total number of days in your trip, for your age	**$**
Insert Total Top-up days from Line B	X
Premium	= $ **Line C**

SAVINGS OPTIONS

Deductible Options: All published rates include a zero deductible.

Deductible ($ USD)	$0	$500	$1,000	$5,000	$10,000
Savings Amount	0%	15%	20%	35%	50%

SAVINGS APPLIED

% **Line D**

Savings (Line C x Line D) = $ **Line E**

SMOKER SURCHARGE

If you are age 60 or over and have smoked cigarettes in the last **two (2) years** prior to the date of this application, calculate 10% of Line C

= $ **Line F**

YOUR PREMIUM

Premium (Insert Line C)	$
Savings (less Line E)	– $
Smoker Surcharge (plus Line F)	+ $
Total Premium Payment (Line C – Line E + Line F)	= $

If you need help with your premium calculation, please contact your broker/advisor.

PAYMENT METHOD

Payment Option: ❑ Visa ❑ MasterCard ❑ American Express ❑ Cheque

Credit Card Number	Expiry Date	Cardholder's Name	Cardholder's Signature

Notice on Privacy and Confidentiality. The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife, P.O. Box 1602, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6.
Please read carefully before signing. Declaration. I apply to The Manufacturers Life Insurance Company (Manulife) for top-up of Manulife Travel80 Term Travel Insurance policy. I declare that all the information I have provided on this application form, is true and complete. I have read the Manulife Travel80 Term Travel Insurance policy and understand the terms, conditions and exclusions (including the pre-existing condition exclusion) that apply to my coverage. I understand that if I misrepresent any material information provided in this application, Manulife will void my top-up coverage and I will not be covered for any top-up benefits under this policy. I authorize any hospital, physician, other medical service provider or any other organization or person that has any records or knowledge of me or my health to release to the assistance and claims service provider appointed by Manulife and/or Manulife and its reinsurers any such information for the purpose of this application, contract and/or any subsequent claim.

Applicant Signature	Date Signed (MM/DD/YYYY)

RETURN THIS APPLICATION FORM WITH YOUR PAYMENT TO YOUR BROKER/ADVISOR OR REMIT TO: Manulife Travel80, P.O. Box 4262, Stn A, Toronto, ON M5W 5T4.

AGENT - please complete this section

Applicant Signature	Telephone number	Fax number	Agent selling code
Company name and address		**Email address**	**Resource centre code**

AGENT/ADVISOR'S REPORT

You confirm that you have disclosed the following information to the applicant:

- the name of the company or companies you represent
- that you receive commissions for the sale of life and accident and sickness insurance products and may receive bonuses, invitations to conferences or other incentives; and
- any conflicts of interest you may have with respect to this transaction.

Your name (first, middle initial, last)	Advisor code	Signature X

Manulife Travel Insurance is offered through The Manufacturers Life Insurance Company.