



SouthernElements

Underwritten by Industrial Alliance Insurance and Financial Services Inc.

DEFINITION

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:

- a) is eligible for or has a provincial government health care plan in place; or,
- b) is a Canadian citizen with a primary permanent residence in Canada; or,
- c) 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 medical 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 disorder 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 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 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 for a period longer than 3 months.

Medical condition means any disease, illness or injury (including symptoms of undiagnosed conditions).

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**.

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.

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).

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** (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.

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

	Applicant 1		Applicant 2	
	Y	N	Y	N
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 , 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) 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 use home oxygen or an oral steroid (ie. pills, capsules or tablets eg. Prednisone) as treatment for a Lung or Respiratory Condition ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you require dialysis for kidney disease ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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	
	Y	N	Y	N
5. Are you waiting on surgery, or being treated with chemotherapy, for metastatic cancer ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 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"/>
7. 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"/>
AGES 0 - 59 WITH 0 PTS QUALIFY FOR ALPHA - GO DIRECTLY TO THE DECLARATION SECTION				
8. Have you:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) ever been diagnosed with congestive heart failure , or do you take water pills (eg. lasix/furosemide, spironolactone) for a heart disease/condition ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) had an aneurysm of 4 cm or greater that has not been surgically repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) ever been diagnosed with or treated for metastatic cancer ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALIFICATION CONTINUED		Applicant 1		Applicant 2	
		Y	N	Y	N
9. Have you been prescribed or treated with home oxygen or Prednisone for a Lung or Respiratory Condition in the last 12 months;	Y = 150pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had your most recent heart surgery (stent placement, angioplasty, valve surgery or bypass) more than 12 years ago ?	Y = 150pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever:					
a) been diagnosed with or treated for a chronic heart disease/condition ;	Y = 100pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) had a stroke or mini-stroke ;	Y = 100pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) used insulin to control diabetes ;	Y = 100pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) been diagnosed with dementia or Alzheimer's disease ;	Y = 100pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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);	Y = 100pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) had a chronic lung or respiratory condition (not including asthma)?	Y = 100pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. In the last 3 years have you:		Y	N	Y	N
a) been treated for a blood disorder ;	Y = 7pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) taken 3 or more medications, including water pills, at any one time for blood pressure or hypertension ;	Y = 7pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) had treatment for cancer (other than post- treatment follow-up care, basal/squamous cell skin cancer, or breast/prostate cancer treated only with hormone therapy);	Y = 7pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) been diagnosed with or treated for any kind of liver, pancreatic, spleen or kidney disease/disorder (not including stones);	Y = 7pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) managed a chronic gastrointestinal disorder or gastrointestinal bleeding with prescription medication or surgery, or had bowel surgery;	Y = 7pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) taken any medication to control diabetes (not including insulin)?	Y = 7pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. In the last 2 years have you:		Y	N	Y	N
a) taken 2 or more medications at any one time, including any water pills, to treat or prevent high blood pressure or hypertension ;	Y = 1pt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) taken medications to treat and/or prevent high blood pressure and manage your cholesterol ;	Y = 1pt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) managed diabetes or glucose intolerance with diet and exercise;	Y = 1pt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) had gallstones (answer "no" if gallbladder removed), kidney stones or more than one urinary tract infection ?	Y = 1pt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. 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"/>
15. Do you currently take 3 or more prescription medications (not counting topical medications, any form of immunization or hormone replacement therapy)?	Y = 1pt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SURCHARGES (NOT ON TRAVELLERS UNDER 60)		Applicant 1		Applicant 2	
		Y	N	Y	N
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"/>	<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"/>	<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	365 days
1-6 = BETA	DELTA & EPSILON	180 days (90 days for blood pressure & cholesterol)	SIGMA	No Pre-Existing Condition coverage
7-49 = DELTA	OMEGA	365 days (180 days for blood pressure & cholesterol)		
50-149 = EPSILON	MODIFY YOUR COVERAGE		Applicant 1	Applicant 2
150-299 = OMEGA	Do you want to remove coverage for pre-existing conditions?		<input type="checkbox"/>	<input type="checkbox"/>
300-1999 = KAPPA	Do you want to cover pre-existing conditions stable over 7 days at \$250,000?		<input type="checkbox"/>	<input type="checkbox"/>
2,000+ = SIGMA	Do you want to include Trip Return coverage?		<input type="checkbox"/>	<input type="checkbox"/>
	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	
			ALPHA, BETA, DELTA, EPSILON, OMEGA, KAPPA	

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**.

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.

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

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

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