



Underwritten by Industrial Alliance Insurance and Financial Services Inc.

Effective September 2019

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**.

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.

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 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 Odyssey 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 Disease/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.

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:

- there has not been any **new treatment** prescribed or recommended, or change(s)* to existing **treatment** (including a stoppage in **treatment**), and
- 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
- the **medical condition** has not become worse, and
- there has not been any new, more frequent or more severe symptoms, and
- there has been no **hospitalization** or referral to a specialist, and
- there have not been any tests, **investigation** or **treatment** recommended, but not yet complete, nor any outstanding test results, and
- 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

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.

- Have you:
 - been diagnosed with a **terminal illness**?
 - been advised by a **physician** not to travel or do you require assistance with the **activities of daily living**?
 - 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**)?
 - been diagnosed with an **aneurysm** which remains surgically untreated/unrepaired?
 - 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**?
 - 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**)?
 - ever been diagnosed with **kidney failure** or a **kidney disease** requiring **dialysis**?
 - 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?
 - ever been diagnosed with, or **treated** for **congestive heart failure**, or in the last 5 years taken Lasix/Furosemide for a **Heart Disease/Condition**?
 - Are you currently travelling outside of Canada? (answer "no" if you're topping up a Southern Exposure multi-trip/annual plan)

Applicant 1		Applicant 2	
Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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QUALIFICATION

- In the 12 months prior to your **departure date** have you had a **Heart Disease/Condition**, **Stroke** or **mini-stroke/TIA** or **Lung Disease/Condition** which required **hospitalization**? Y = 1,000pts
- In the 3 years prior to your **departure date** have you been diagnosed with, had an **investigation** for, or been **treated** for 3 or more of the following conditions:

a) a Heart Disease/Condition ;	b) a Lung Disease/Condition (excluding asthma treated with two or less inhalers or a minor ailment);
c) a Stroke or mini-stroke/TIA ;	e) Liver disease/condition ;
d) Diabetes (treated with insulin/oral medication);	f) High blood pressure ?

Y = 1,000pts
- In the 90 days prior to your **departure date** have you had a **Heart Disease/Condition** or a **Stroke** or **mini-stroke/TIA** which was newly diagnosed, or required a change in **treatment**? Y = 1,000pts

Applicant 1		Applicant 2	
Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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QUALIFICATION CONTINUED

		Applicant 1		Applicant 2		
		Y	N	Y	N	
5. In the 5 years prior to your departure date , have you been diagnosed with, had an investigation for, or been treated for: a) a Heart Disease/Condition ; c) Peripheral vascular disease (blocked or clogged arteries in the legs or neck), blood clots or carotid artery stenosis ; f) a Lung Disease/Condition (excluding asthma treated with two or less inhalers or a minor ailment)?	b) a Stroke or mini-stroke/TIA ; d) Diabetes treated with insulin; e) a Liver disease/condition ;	Y = 150pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the 24 months prior to your departure date , have you been diagnosed with, investigated for, or been treated for: a) Parkinson's disease, Alzheimer's disease or dementia ; b) a Gastrointestinal Condition , gastrointestinal bleeding, bowel surgery or a bowel obstruction; c) Diabetes treated with oral medication; d) Cancer (excluding basal or squamous cell skin cancer, or breast cancer treated only with hormone therapy or prostate cancer that does not require treatment or is treated only with hormone therapy); e) a Kidney disease/condition (excluding kidney stones); g) a Gallbladder disease (excluding gallstones or a gallbladder that has been removed)? 7. Do you take 3 or more medications (including a water pill) to treat , control or prevent high blood pressure ?	f) Pancreatitis ;	Y = 15pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been diagnosed with or been treated for: a) a Heart Disease/Condition (including congenital heart disease);	b) a Stroke or Mini-Stroke/TIA ?	Y = 3pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have, or are you being investigated for, asthma (including allergy/exercise-induced asthma and any "prescribed as needed" inhalers)?		Y = 3pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have diet-controlled diabetes (not requiring insulin or medication) or glucose intolerance ?		Y = 3pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you take only 1 or 2 medications (including a water pill) to treat , control or prevent high blood pressure ?		Y = 1pt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you take any medications to treat , control or prevent high cholesterol ?		Y = 1pt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you currently taking ANY prescribed 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

		Applicant 1		Applicant 2		
i) In the 24 months prior to your departure date , have you used any type of nicotine products (not including smoking cessation aids)?		Y = 25%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Prior to your departure date , will it have been more than 18 months since your last regular medical check-up with a physician ?		Y = 25%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Have you been outside of your home province /territory of residence without travel medical insurance for more than 7 days ?		Y = 10%	<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
n/a	UNDER 55	90 Days	UNDER 55 PLUS	30 Days
0 points	RATE 1	30 Days	RATE 1 PLUS	0 Days
1 - 3 points	RATE 2	90 Days	RATE 2 PLUS	30 Days
4 - 14 points	RATE 3	90 Days	RATE 3 PLUS	30 Days
15 - 149 points	RATE 4	180 Days	RATE 4 PLUS	90 Days
150 - 999 points	RATE 5	365 Days	RATE 5 PLUS	90 Days
1,000+ points	RATE 6	No coverage for pre-existing conditions treated in the 365 days prior to your departure date		

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 Exposure 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 _____

 Applicant 1 Printed Name _____

Applicant 2 Signature _____ Date _____

 Applicant 2 Printed Name _____