



SouthernElements

Underwritten by Industrial Alliance Insurance and Financial Services Inc.

Medi-Quote
INSURANCE BROKERS

Effective: Fall 2020

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.

	Applicant 1		Applicant 2	
	Y	N	Y	N
1. Have you ever been diagnosed with a terminal illness or metastatic cancer ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been 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"/>
3. Have you ever 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"/>
4. In the 12 months prior to your date of application have you been prescribed or used home oxygen or an oral steroid (ie. pills, capsules or tablets eg. Prednisone) for a Lung or Respiratory Condition ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you require dialysis for kidney disease/condition ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the 6 months prior to your date of application have you been diagnosed with pancreatic or liver cancer , received or are waiting for chemotherapy, immunotherapy or radiation for <u>any</u> type of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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"/>
8. 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"/>
9. Do you have a chronic lung or respiratory condition and use tobacco products ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you currently travelling outside of your home province ? (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"/>

ANSWERING **YES** TO ANY ELIGIBILITY QUESTION MEANS YOU ARE **NOT ELIGIBLE** FOR THE SOUTHERN ELEMENTS PLAN

DEDUCTIBLES

\$0 deductible is the default	\$500 deductible saves you 15%	\$5,000 deductible saves you 35%
\$250 deductible saves you 10%	\$1,000 deductible saves you 20%	\$10,000 deductible saves 45%
THE UNDER 55 PLAN ONLY HAS THE \$250 DEDUCTIBLE OPTION		

COVID-19 UPGRADE ELIGIBILITY

	Applicant 1		Applicant 2	
	Y	N	Y	N
COVID 1. Have you ever required treatment , surgery or medication for any of the following: <ul style="list-style-type: none"> • Autoimmune disease/condition • Heart disease/condition • Lung or Respiratory Condition • Cancer • Diabetes (including diet-controlled) • High Blood Pressure • Dementia or Alzheimer's Disease • High Cholesterol 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID 2. In the last 10 years, have you used any type of nicotine products (eg. cigarettes, cigars, e-cigarettes, vapes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID 3. Is your trip destination outside of the United States or Mexico, or are you going on a cruise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALIFICATION (55+)

ARE YOU EPSILON (50 - 99 pts) OR OMEGA (100 - 299 pts) OR KAPPA? (300 - 1999 pts)

		Applicant 1		Applicant 2	
		Y	N	Y	N
11. Have you:					
a) ever been diagnosed with congestive heart failure , or do you take water pills (eg. lasix/furosemide, spironolactone) for a heart disease/condition ?	Y = 300pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) had an aneurysm of 4 cm or greater that has not been surgically repaired?	Y = 300pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had your most recent heart surgery (stent placement, angioplasty, valve surgery or bypass) more than 12 years ago ?	Y = 100pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever:					
a) been diagnosed with or treated for a chronic heart disease/condition ?	Y = 50pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) had a stroke or mini-stroke (CVA/TIA) ?	Y = 50pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) used insulin or taken medication to control diabetes ?	Y = 50pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) been diagnosed with dementia or Alzheimer's disease ?	Y = 50pts	<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)?	Y = 50pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) been prescribed 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 = 50pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) had a chronic lung or respiratory condition ?	Y = 50pts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your policy will exclude <i>Pre-Existing Medical Conditions</i> which do not meet the following <i>Stability</i> Period prior to <i>departure date</i> :	KAPPA PLAN (max 62 days)		7 DAY STABILITY ADD-ON
	365 days for <u>ALL</u> conditions		
	EPSILON PLAN	OMEGA PLAN	Up to \$250,000 stable for 7 days prior to your <i>departure date</i>
	180 days	365 days	
Blood Pressure and Cholesterol*	90 days	180 days	

ARE YOU DELTA? (7 - 49 pts)		Applicant 1		Applicant 2	
		Y	N	Y	N
14. In the last 3 years have you:					
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"/>
Your policy will exclude Pre-Existing Medical Conditions which do not meet the following Stability Period prior to departure date :	DELTA PLAN	7 DAY STABILITY ADD-ON			
Blood Pressure and Cholesterol*	180 Days	Up to \$250,000 stable for 7 days prior to your departure date			
	90 days				

ARE YOU BETA? (1 - 6 pts)		Applicant 1		Applicant 2	
ANSWERING NO TO ALL QUESTIONS - YOU ARE ALPHA (0 pts)		Y	N	Y	N
15. In the last 3 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 ?	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"/>
16. Do you have any open prescriptions for inhalers?	Y = 1pt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. 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 (Multiple Surcharges may apply):					
a) In the last 5 years, have you used any type of nicotine products (eg. cigarettes, cigars, e-cigarettes, vapes)?	Y = 40%	<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 = 25%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your policy will exclude Pre-Existing Medical Conditions which do not meet the following Stability Period prior to departure date :	BETA PLAN	ALPHA PLAN	7 DAY STABILITY ADD-ON
Blood Pressure and Cholesterol*	90 days	90 days	Up to \$250,000 stable for 7 days prior to your departure date
	60 days	60 days	

This insurance does not provide coverage for Parkinson's disease, a pre-existing 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.

DECLARATION

In the 14 days prior to your departure date, you must be symptom free (Covid-19), have not tested positive for Covid-19 (or be waiting for a test result), and not have been in contact with someone that tested positive (Covid-19) within the last 14 days.

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** or territory of residence (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 are insured for benefits under the government health care plan (GHIP) of the province or territory in which you reside for the full duration of your trip.

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 2 Signature	Date
<input style="width: 95%;" type="text"/>	mm / dd / yyyy	<input style="width: 95%;" type="text"/>	mm / dd / yyyy
Applicant 1 Printed Name		Applicant 2 Printed Name	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

MODIFY YOUR COVERAGE

OPTION	DETAILS	COST	NOT AVAILABLE ON:
REMOVE PRE-EX COVERAGE	Would you prefer a plan that will only cover you for accidents or new sickness but not cover you for any pre-existing conditions?	-20%	Alpha / 7 Day Upgrade / Pre-Ex Clause
UPGRADE PRE-EXISTING CONDITION CLAUSE	Add coverage for Parkinson's disease, a heart disease/condition treated with nitroglycerine or a recurrence of cancer, kidney stones, gallstones, epilepsy or seizures.	10%	With Pre-Existing Condition Discount
7 DAY STABILITY UPGRADE (55+ Travellers)	Include coverage up to \$250,000 for pre-existing conditions stable for 7 days prior to your departure date	60%	With Pre-Existing Condition Discount
COVID-19 UPGRADE	Available on USA or Mexico only travel single trips, all claims related to COVID-19 subject to a \$500 deductible ** Not available for cruise travel **	Varies	Select Availability
*BLOOD PRESSURE / CHOLESTEROL UPGRADE	Reduce requirements on Blood Pressure/Cholesterol coverage	10%	Kappa
7 DAY STABILITY UPGRADE (Travellers 0-54)	Include coverage up to \$250,000 for pre-existing conditions stable for 7 days prior to your departure date	100%	With Pre-Existing Condition Discount
TRIP RETURN	If returned home following a covered emergency, up to \$5,000 to return you and a travelling companion to your destination	\$0.50 p/day	MULTI-TRIP/ANNUAL PLANS
MULTI-TRIP SUPPLEMENT	Top Up a maximum of 40 days and at least \$500,000 coverage? Supplement your coverage up to \$2,000,000 (only if purchasing a minimum of 30 top-up days)	\$50	MULTI-TRIP/ANNUAL PLANS

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.

Autoimmune Disease/Condition is AIDS, Graves Disease, Fibromyalgia, Guillain-Barre Syndrome, HIV, Lou Gehrig's Disease, Lupus Multiple Sclerosis, Myasthenia Gravis, Pernicious Anemia, Rheumatoid Arthritis, Thyroiditis.

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 (GHIP) 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, deep vein thrombosis (DVT), peripheral vascular disease (PVD), a pulmonary embolism or thrombophlebitis. Does not include varicose veins.

Gastrointestinal disorder is any Bowel, Colon, Digestive or Intestinal Disorder such as Colitis (including Ulcerative Colitis), Crohn's disease, Diverticular disorder, Gastric bypass, Gastritis, H. Pylori, C. difficile, Hernia, Irritable Bowel Syndrome 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.

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 **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 any sickness or injury which does not require: the use of medication for a period of greater than 15 days; more than one follow up visit to a **physician**, **hospitalization**, surgical intervention or referral to a specialist; and which ends at least 30 consecutive days prior to the departure date of each trip. However, a **chronic** condition or any complication of 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 **all** of the following statements are true:

1. there has not been any new diagnosis, **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 have not been any new, more frequent or more severe symptoms, and
5. there has been no **hospitalization** or referral to a specialist (made or recommended), and
6. there have not been any tests, **investigation** (s) or **treatment** recommended, but not yet complete, nor any outstanding test results, and
7. there have been no test results showing a deterioration, and
8. 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.