



Underwritten by Industrial Alliance Insurance and Financial Services Inc.



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: | | | | |
| a) been diagnosed with a terminal illness or metastatic cancer ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) been advised by a physician not to travel and/or do you require assistance with the activities of daily living ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) been diagnosed with an aneurysm which remains surgically untreated/unrepaired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) ever been diagnosed with pancreatic or liver cancer, or received chemotherapy, immunotherapy or radiation for any type of cancer in the 6 months prior to your departure date ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) ever been diagnosed with kidney failure or a kidney disease requiring dialysis ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a chronic Lung Disease/Condition and use tobacco products ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ELIGIBILITY - NOT ON AFTER DEPARTURE PLAN

3. Are you currently travelling outside of your **home province**? (answer "no" if you're topping up a Southern Odyssey multi-trip/annual plan)

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

ELIGIBILITY - AFTER DEPARTURE ONLY (After Departure rates automatically 15% higher)

3. had a change in your health since departing your **home province** (not including a **minor ailment**), or know of any reason you may have to make an emergency medical claim? (answer "no" if you've not departed on your trip while applying)

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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 ODYSSEY PLAN

| | | | | | |
|---|---------|--------------------------|--------------------------|--------------------------|--------------------------|
| Surcharge i) In the 24 months prior to your departure date , 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"/> |
| Surcharge 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"/> |
| Surcharge 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"/> |

QUALIFICATION

ARE YOU BRONZE? (1,000+ pts)

| | | Applicant 1 | | Applicant 2 | |
|--|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Y | N | Y | N |
| 4. 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 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 ; | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) a Lung Disease/Condition (excluding a minor ailment); | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) a Stroke or mini-stroke/TIA ; | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Diabetes treated with insulin or oral medication; | Y = 1,000pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) a Liver disease/condition ; | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) High blood pressure ? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your policy will exclude **Pre-Existing Medical Conditions** which were **treated** in the 365 days prior to your **departure date**

ARE YOU SILVER? (200 - 999 pts)

| | | Applicant 1 | | Applicant 2 | |
|--|------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Y | N | Y | N |
| 7. 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 ; | Y = 200pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) a Stroke or mini-stroke/TIA ; | Y = 200pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Peripheral vascular disease (blocked or clogged arteries in the legs or neck), blood clots or carotid artery stenosis ; | Y = 200pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Diabetes treated with insulin or oral medication; | Y = 200pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) a Liver disease/condition ; | Y = 200pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) a Lung Disease/Condition (including allergy/exercise-induced asthma and any "prescribed as needed" inhalers, but excluding a minor ailment)? | Y = 200pts | <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 requirements**:

| Silver Plan | Silver Plus Plan (+40%) |
|--|---|
| 365 days prior to your departure date | 90 days prior to your departure date |

QUALIFICATION cont.

ARE YOU GOLD? (20 - 199 pts)

8. 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) **Cancer** (excluding basal or squamous cell skin cancer, breast cancer **treated** only with hormone therapy or prostate cancer that does not require **treatment** or is **treated** only with hormone therapy);
- d) a **Kidney disease/condition** (excluding Kidney Stones);
- e) **Pancreatitis;**
- f) a **Gallbladder disease** (excluding gallstones or a gallbladder that has been removed)?

| | Applicant 1 | | Applicant 2 | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Y | N | Y | N |
| Y = 20pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y = 20pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y = 20pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y = 20pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y = 20pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y = 20pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Do you take **3 or more** medications (including a water pill) to **treat**, control or prevent **high blood pressure**?

| | | | | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| Y = 20pts | <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 requirements: | Gold Plan | Gold Plus Plan (+40%) |
| | 180 days prior to your departure date | 90 days prior to your departure date |

ARE YOU PLATINUM? (5 - 19 pts)

10. 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?**

| | Applicant 1 | | Applicant 2 | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Y | N | Y | N |
| Y = 5pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y = 5pts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Do you have diet-controlled **diabetes** (not requiring insulin or medication) or **glucose intolerance**?

| | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|
| Y = 5pts | <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 requirements: | Platinum Plan | Platinum Plus Plan (+40%) |
| | 90 days prior to your departure date | 30 days prior to your departure date |

ARE YOU EMERALD? (1-4 pts)

ANSWERING NO TO ALL QUESTIONS - YOU ARE DIAMOND (0 pts)

12. 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"/> |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|

13. 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"/> |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|

14. 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"/> |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|

| | | |
|---|---|--|
| Your policy will exclude Pre-Existing Medical Conditions which do not meet the following Stability Period requirements: | Emerald & Under 55 Plan | Emerald & Under 55 Plus Plan (+40%) |
| | 90 days prior to your departure date | 30 days prior to your departure date |
| | Diamond Plan | Diamond Plus Plan (+25%) |
| | 30 days prior to your departure date | 0 days prior to your departure date |

PLUS PLANS ALSO INCLUDE TRIP BREAK UPGRADE!

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

DEDUCTIBLES:

| | | | |
|-------------------------------|---------------------------------------|---|--------------------------------------|
| \$0 deductible is the default | \$250 deductible saves you 10% | \$1,000 deductible saves you 21% | \$10,000 deductible saves 39% |
| | \$500 deductible saves you 16% | \$5,000 deductible saves you 30% | \$50,000 deductible saves 48% |

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

You **understand** that purchasing this insurance after departure from your **home province** or territory of residence (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 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**.

DECLARATION cont.

DECLARATION

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

| |
|--|
| |
|--|

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:

- 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.

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 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 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 is 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.

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