21st Century
TRAVEL INSURANCE LIMITED

MEDICAL QUESTIONNAIRE for 21st Century Travel Insurance

Plan B: Emergency Medical Insurance – Maximum age on date of departure is 79.
Plan D: Annual Medical – Maximum age on date of departure is 64.

MEDICAL QUESTIONNAIRE must be completed by all applicants who are: 1) age 55 to 75 travelling for 31 days or more; and 2) age 76 and and older travelling for any duration; and 3) age 55 to 64 and purchasing Plan D: Annual Medical.

(Please circle the appropriate response.

	Applicant 1		Applicant 2	
1. Within the past 24 months, have you:				
(a) been prescribed or taken lasix or furosemide and/or taken oxygen for any reason?	**YES**	**NO**	**YES**	**NO**
(b) undergone kidney dialysis treatment?	**YES**	**NO**	**YES**	**NO**
(c) been newly diagnosed with, or experienced a **change** in symptoms, a **change** in treatment or a **change** in prescription medication for: stroke, T.I.A. (transient ischemic attack), heart attack, coronary artery disease, angina, congestive heart failure, irregular heartbeat, insulin dependent diabetes, chronic obstructive pulmonary disease, chronic bronchitis, metastatic cancer or emphysema?	**YES**	**NO**	**YES**	**NO**
2. Have you had heart by-pass or heart valve surgery 7 or more years ago?	**YES**	**NO**	**YES**	**NO**
If you answered YES to ANY part of question 1 or 2 you are NOT eligible for ANY coverage.				
If you answered NO to ALL parts of question 1 and 2 you qualify for STANDARD rates.				
If you are age 55-79 please complete question 3 and 4 to see if you qualify for PREFERRED rates.				
	Applicant 1		**Applicant 2**	
3. Within the past 24 months , have you been diagnosed with, admitted to hospital or received treatment for, or taken or been prescribed medication for:				
(a) Stroke or T.I.A. (transient ischemic attack), or Syncope (fainting spells)?	**YES**	**NO**	**YES**	**NO**
(b) Heart attack, coronary artery disease, narrowing or blockage of the arteries, angina, cardiac chest pain, congestive heart failure, aneurysm or irregular heartbeat?	**YES**	**NO**	**YES**	**NO**
(c) Chronic obstructive pulmonary disease, chronic bronchitis or emphysema?	**YES**	**NO**	**YES**	**NO**
(d) Cancer (excluding skin cancer unless it is malignant melanoma)?	**YES**	**NO**	**YES**	**NO**
(e) Diabetes?	**YES**	**NO**	**YES**	**NO**
(f) Alzheimer's disease, dementia, Parkinson's disease or multiple sclerosis?	**YES**	**NO**	**YES**	**NO**
(g) Crohn's disease, diverticulitis or ulcerative colitis?	**YES**	**NO**	**YES**	**NO**
(h) Kidney disorders, hepatitis or cirrhosis of the liver?	**YES**	**NO**	**YES**	**NO**
4. Within the past 12 months, have you been newly diagnosed with, or experienced a **change** in symptoms or a **change** in prescription medication for high blood pressure or asthma?	**YES**	**NO**	**YES**	**NO**
If you answered NO to ALL of the above questions you qualify for PREFERRED rates.				
If you answered YES to ANY part of question 3 or 4, you qualify for STANDARD rates.				

FAMILY PHYSICIAN:

Name: Telephone Number:

DECLARATION AND AUTHORIZATION ***All Applicants must read the following statements and sign below***

I declare that all the information I have provided on the Application for Insurance is correct. I understand the terms of coverage that apply to me, including the pre-existing condition exclusion outlined in the policy. I understand that the Application for Insurance including this Medical Questionnaire forms part of my travel insurance policy and any misrepresentation or non-disclosure of any medical condition may result in non-payment of claim.

If my health status changes between the date the Medical Questionnaire has been completed and my Departure Date such that the answers given to the medical questions are no longer true and would make me ineligible for coverage under the policy or for the rates at which the policy was issued, I must notify 21st Century Travel Insurance Limited. Failure to do so will render the insurance policy null and void.

I understand that World Travel Protection Canada Inc. must be contacted before receiving medical services or within 24 hours thereafter. Failure to do so will limit the benefits payable to 75% of the eligible expenses incurred. In the event of a claim my medical history and the responses to the medical questions will be reviewed.

I authorize any physician, health care practitioner, hospital or other medical care facility, the Ministry of Health, or any other person who has knowledge or records or has attended or examined me or a minor child insured under this policy of whom I am the parent/guardian, to provide to Manulife Financial, its reinsurers, plan administrators, 21st Century Travel Insurance Limited or World Travel Protection Canada Inc., any or all information with respect to any illness, injury, medical history, consultations, medicines or treatments and copies of all hospital or medical records for the purpose of this policy application and any subsequent claim. I authorize Manulife Financial to consult its existing files for this purpose. A photocopy or fax copy of this Declaration and Authorization shall be as valid as the original.

Applicant 1 Name: _____ Applicant 2 Name: _____ Agent's Code:_____

Applicant 1 Signature: _____ Applicant 2 Signature: _____ Date: _____