



MEDICAL DECLARATION
For Visitors to Canada Insurance

If you are uncertain how to respond to a question, please consult a physician

Agency Name _____ Agent Code _____

Name of Applicants (Last name, first name)	Date of Birth (MM/DD/YY)	Policy Number
1)		
2)		

Please Check one per Applicant

Age	Applicant 1	Applicant 2	Reason for completing this form
70-85	<input type="radio"/>	<input type="radio"/>	I would like to apply for the "Stable Chronic Condition" Option
86 or over	<input type="radio"/>	<input type="radio"/>	I would like to apply for coverage

Answer the following questions to determine eligibility.	Applicant 1	Applicant 2
1. Within the past 24 months have you: – had a heart attack; and/or – been diagnosed with, been monitored for, been hospitalized for, taken or been prescribed medication for or had any of the following: dementia, congestive heart failure, heart valve disorder, stroke, mini-stroke, Transient Ischemic Attack (TIA), lung condition (excluding asthma), organ or bone marrow transplant?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
2. Within the past 12 months have you: – taken or been prescribed: lasix or furosemide or home oxygen for any reason, prednisone for any lung condition, medications for both diabetes and a heart condition (medication taken or prescribed solely for the treatment of high blood pressure is not included); and/or – consulted a doctor for shortness of breath or chest pain?	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>

Age 70 to 85 – If "You" answer "No" to all the questions, "You" are eligible to purchase the "Stable Chronic Condition" Option. Use Table 2 Rates.

– If "You" answer "Yes" to any of the questions, "You" are not eligible to purchase the "Stable Chronic Condition" Option. Use Table 1 Rates. Claims arising from "Stable Chronic Conditions" will not be paid.

Age 86 or older – If "You" answer "No" to all the questions, "You" are eligible to purchase this insurance. Claims arising from "Stable Chronic Conditions" will not be paid.

I/we certify that the information provided on this form is true and accurate, and understand that such information is material to the risk, and constitutes the basis of any coverage offered. I/we fully understand that if any of my/our answers are untrue or incorrect, then coverage offered will be null and void. I/we understand that the Policy contains important terms and conditions of coverage including exclusions and other limitations.

I/we understand Manulife Financial, its agents, third party administrators or its legal representatives may investigate any claim. I/we authorize any hospital, "Physician" or their medical service provider, or any other organization or person that has any records or knowledge of me/us and my/our health to release to third party administrators, and Manulife Financial and its reinsurers, any such information for the purpose of this application and contract and any subsequent claim.

	Applicant/Sponsor signature	Name of Applicant/Sponsor (please print)	Date (MM/DD/YY)
Applicant 1	X		
Applicant 2	X		

AGENT TO FAX OR MAIL COMPLETED FORMS TO 21st CENTURY TRAVEL INSURANCE LIMITED AT ADDRESS BELOW WITHIN 3 BUSINESS DAYS OF MAKING THE SALE:

Address: 995 Elgin Street West, Suite 4, Cobourg, Ontario, K9A 5J3

Toll-free fax: 1-866-255-0155