

PACIFIC BLUE CROSS - Health Declaration 2 - Have questions? Call a DCIS agent at 604-228-8816.

RATE ELIGIBILITY QUESTIONNAIRE - MEDICAL PLANS FOR PERSONS AGED 61 YEARS AND OVER

Any incomplete, erroneous or inaccurate statement shall render the travel insurance contract **NULL AND VOID** in its entirety.

Question 1: In the **past 6 months**, for any of the **7 FOLLOWING CONDITIONS**, have you been prescribed or have you received a **treatment, and/or** been prescribed or have you taken a **medication?** Yes No

1.1 Cardiovascular conditions: myocardial infarction, angina, arrhythmia, pacemaker; defibrillator; congestive heart failure, bypass, angioplasty; valvulopathy or valve replacement, aortic aneurysm, heart transplantation, peripheral vascular disease, or other cardiovascular condition		
1.2 Chronic obstructive lung conditions: asthma, emphysema, chronic bronchitis, lung transplantation, or other chronic lung condition		
1.3 Neurological conditions: cerebral-vascular accident, transient ischemic attack, or other neurological condition		
1.4 Insulin-dependent diabetes: diabetes treated with insulin injections		
1.5 Kidney failure, kidney transplantation		
1.6 Gastrointestinal conditions: cirrhosis, hepatitis, ulcers, internal bleeding, liver transplantation, intestinal obstruction, or other gastrointestinal condition		
1.7 Cancer or malignant tumor		

Question 2: In the **past 6 months**, for **ANY OTHER MEDICAL CONDITION**, have you Yes No

2.1 been hospitalized?		
2.2 received a change in an existing medication † (including usage or dosage)?		
2.3 received a change in an existing treatment?		
2.4 consulted a physician (other than for a regular check-up)?		
2.5 been prescribed or received a new treatment?		
2.6 been prescribed or taken new medication?		

Answer 2.7 – 2.11 ONLY IF you answered ‘Yes’ to 2.4, 2.5, or 2.6: Did the **medical condition:** Yes No

2.7 Occur in the last 30 days or is it on-going?		
2.8 Require a surgical intervention?		
2.9 Require medication for more than 15 days?		
2.10 Require more than one follow-up visit to a physician?		
2.11 Require consultation with a medical specialist?		

Yes No

Question 3: In the **past 6 months** have you been prescribed or taken medication for **HIGH BLOOD PRESSURE**

Question 4: In the **past 12 months** have you used any tobacco product

Question 5: Was your last regular check up with a physician more than **12 months** ago

IMPORTANT: The information you submit will determine your coverage and rate eligibility. Please inform your agent if a health problem arises prior to your departure and ask him/her to proceed with a new evaluation before leaving the Province, otherwise your pre-existing medical condition(s) may not be covered.

X

Applicant Name (PRINT)

Applicant Signature

Date Signed

†The following elements are **not** considered as a change in existing medication:

- Aspirin taken for non-prescribed medical purposes
- the routine adjustment of insulin or Coumadin
- hormone replacement therapy
- creams or ointments prescribed for cutaneous irritations

Optional Pre-Existing Condition Coverage Questionnaire:

In order to be eligible for Pre-Existing Condition Coverage, please answer the following questions.

For you or any other applicants in your party:

	Yes	No
1. Has anyone been diagnosed with a terminal condition?		
2. Does anyone have kidney failure under dialysis?		
3. Does anyone have a lung condition with oxygen or cortisone therapy?		
4. Does anyone have cancer with metastasis?		

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_____ X _____
Applicant Name (PRINT) Applicant Signature Date Signed