

PERSONAL INFORMATION: Your personal information is collected for the purpose of providing you with insurance services, claims analysis and payments.
For a copy of the **etfs** Privacy Policy, please see www.etfsinc.com. For Privacy Information, please see www.rsagroup.ca

Last name

First name

Instructions to the Applicant

- a) You must complete this medical declaration at the time of insurance application and prior to leaving your province, territory of residence or country of origin.
- b) Only YOU can complete and sign your medical declaration.
- c) You must make sure that all medical questions are answered either Yes or No.

- d) You must make sure you have completed all sections, signed and dated your medical declaration prior to your departure.
- e) If you have any doubt about your medical condition(s) as it relates to the questions asked, you must consult your physician for advice **before** completing the medical declaration.
- f) Your insurance coverage is issued on the basis of the answers you have provided on your medical declaration and receipt of full payment. If any answer is inaccurate, in the event of a claim, your policy will be void and your incurred expenses will be your responsibility.

DEFINITIONS

1. **Treated** means that you have been hospitalized, have been prescribed (including prescribed as needed), have taken or are currently taking medication or have undergone a medical or surgical procedure.
2. **Stable** means any medical condition (other than a minor ailment²) for which all the following statements are true:
 - a. there has been no new diagnosis, treatment or prescribed medication;
 - b. there has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type.
Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified);
 - c. there have been no new symptoms, more frequent symptoms or more severe symptoms;
 - d. there have been no test results showing deterioration;
 - e. there has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting the results of further investigations for that medical condition.
3. **Minor ailment** means 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 complications of a chronic condition are not considered a minor ailment.

IMPORTANT: If you must answer **YES** to any of the questions below, you are not eligible to purchase this insurance. Please consult Canadian Mountain Holidays for other options available to you. If you answer **NO** to all of the questions below, you are eligible to purchase this insurance and your Travel Cancellation and Interruption premium is 10% of the total value of your travel arrangements (tax included).

1 ELIGIBILITY

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you travelling against the advice of a physician or have you been diagnosed with a terminal illness? A terminal illness means that you have a medical condition for which a physician has estimated that you have less than 6 months to live.
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you have a kidney disease requiring dialysis?
<input type="checkbox"/>	<input type="checkbox"/>	3. During the 12 months prior to departure have you used home oxygen?
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever been diagnosed with AIDS (acquired immune deficiency syndrome)?
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you had heart bypass surgery prior to September 1, 1999 ? (Use the date of your most recent bypass.)
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had an organ transplant (excluding corneal transplant)?
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever been diagnosed with or treated ¹ for heart failure or are you currently taking Lasix or furosemide?
<input type="checkbox"/>	<input type="checkbox"/>	8. During the 10 years prior to your departure date, have you been diagnosed with or treated ¹ for water on your lungs or ankle/leg swelling for which you were prescribed Lasix or furosemide or a water pill (excluding a water pill taken for hypertension/high blood pressure only)?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	9. During the 12 months prior to your departure date have you: <ul style="list-style-type: none"> a. been diagnosed with or been hospitalized for a new heart condition, or had an existing heart condition which required hospitalization or a change in medication (refer to the stable definition 2b)? b. had a lung condition (including pneumonia) which required hospitalization or treatment with prednisone (Deltasone or other generics)? c. been diagnosed with or been treated¹ for a total of 3 or more of the following medical conditions? <ul style="list-style-type: none"> • Heart condition (including a pacemaker) • Lung condition (including any prescription for puffers/inhalers) excluding a minor ailment • Stroke (CVA)/mini-stroke (TIA) • Diabetes (excluding diet controlled diabetes) • Hypertension/high blood pressure • Peripheral vascular disease (blocked or clogged arteries in the legs or neck) • Dementia/Alzheimer's disease


2 AGREEMENT, UNDERSTANDING AND AUTHORIZATION

You must read and understand the importance of each statement below:

I personally provided the answers on this medical declaration and all information disclosed is true and accurate. The Insurer will, in the event of any sickness or injury, review my prior medical history and review my answers. I fully understand that if any of my answers are inaccurate, in the event of a claim, the Insurer will void my policy and my claim will be refused. I understand that the answers on my medical declaration are relevant to the risk and constitute the basis of my insurance. Where I was unsure of my medical history as it relates to the medical questions, I have verified it with my physician.

I understand the necessity of calling Global Excel Management Inc. and obtaining prior approval before seeking medical attention in case of a claim or emergency. The toll-free telephone number for the Global Excel line is: 1-888-215-4091 (COLLECT 819-566-8477). It can also be found in my policy booklet.

Medical Authorization in Case of a Claim – I understand that Royal & Sun Alliance Insurance Company of Canada and Global Excel Management Inc. may investigate my claim. By signing this medical declaration, I also hereby direct and authorize any physician, health care practitioner, hospital or other medical care facility, pharmacy, the Ministry of Health or any other person who has attended and examined me or who has knowledge or records of me or my health, to furnish to Royal & Sun Alliance Insurance Company of Canada and to Global Excel Management Inc. any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.

 APPLICANT'S SIGNATURE	DATE OF SIGNATURE <table border="1" style="display: inline-table; margin-left: 10px;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	M	Y
D	M	Y		

PLEASE RETURN WITH YOUR PAYMENT

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