

Master Application (60 & Over)

Personal Information

First Name		
Last Name		
Address		
City	Province ONTARIO	Postal Code
Telephone	Email	D.O.B. (dd/mm/yy)

Travel Information

Single Trip

Will you be travelling to or through the US?	Y	N	
Date leaving province (dd/mm/yy)			
Date returning province (dd/mm/yy)			
Is this a top up to a current travel plan?	Y	N	How many days are covered by your current plan?

Multi Trip

Please choose between the following	15 Days	
	30 Days	
Effective date (dd/mm/yy)		

Deductible

Please indicate the deductible you would prefer as a part of your quote.

\$0		\$250		\$1,000		\$5,000		Over \$5000	
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Eligibility

	YES	NO
1. Have you been diagnosed with a terminal ²⁵ illness?	<input type="checkbox"/>	<input type="checkbox"/>
Cancer		
2. Have you been diagnosed ⁶ with metastatic cancer?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been diagnosed with stage 3 or 4 cancer?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have cancer (except breast or prostate cancer treated exclusively with hormonal therapy or basal cell carcinoma) which requires chemotherapy, radiotherapy or other medical treatment ¹⁷ other than routine follow-up?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last three months have you been diagnosed or received treatment ²⁶ for any cancer (other than basal cell squamous cell skin cancer or breast cancer treated only with hormone therapy)?	<input type="checkbox"/>	<input type="checkbox"/>
Transplant		
6. Have you received or are you awaiting a bone marrow or major organ ¹³ transplant?	<input type="checkbox"/>	<input type="checkbox"/>
7. Within 12 months of applying have you undergone any of the following procedures; organ, stem cell and/or bone marrow transplant?	<input type="checkbox"/>	<input type="checkbox"/>
Kidney		
8. Have you been diagnosed with or received treatment ²⁶ for a kidney disease requiring dialysis?	<input type="checkbox"/>	<input type="checkbox"/>
9. Within 12 months prior to applying have you been diagnosed ⁶ with kidney/liver failure or within the 12 months prior to applying has this condition not been stable ²³ ?	<input type="checkbox"/>	<input type="checkbox"/>
10. Within 12 months prior to applying you have undergone kidney dialysis?	<input type="checkbox"/>	<input type="checkbox"/>
Autoimmune		
11. Have you ever been diagnosed with an autoimmune disorder ⁴ ?	<input type="checkbox"/>	<input type="checkbox"/>
12. Within 12 months prior to applying have you been diagnosed ⁶ with Acquired Immune Deficiency Syndrome (AIDS) or within the 12 months prior to applying has this condition not been stable ²³ ?	<input type="checkbox"/>	<input type="checkbox"/>
Heart		
13. Have you ever been diagnosed ⁶ with congestive heart failure (CHF)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you are awaiting further tests or treatment ²⁶ for heart disease (which includes but is not limited to angina, irregular heartbeat, heart attack, ischemic heart disease, valvular heart disease, and/or myocardopathy)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have an Implantable Cardioverter Defibrillator (ICD)?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you require insulin to treat diabetes and also take prescription drugs ²¹ for heart disease (which includes but is not limited to angina, irregular heartbeat, heart attack, ischemic heart disease, valvular heart disease, and/or myocardopathy)?	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility (continued)

	YES	NO
17. Within 12 months prior to applying have you been diagnosed ⁶ with any of the following condition(s) ¹⁴ or have you any of the following condition(s) ¹⁴ which have not been stable ²³ for 12 months prior to applying;		
i. Atrial flutter;		
ii. Atrial/ventricular fibrillation;		
iii. Peripheral vascular disease;		
iv. Stroke/transient ischemic attack (TIA);		
v. Blood clot(s)?		
18. Within 12 months of applying you have undergone any of the following procedures; valve surgery or replacement?		
19 Have you had your most recent heart surgery ¹⁰ more than 12 years ago or less than 6 months ago?		
Lung		
20. Do you take oral steroids for a lung condition?		
21. Do you have any medical condition(s) ¹⁴ necessitating the use of home oxygen?		
22. Have you been prescribed or used home oxygen for a lung/respiratory condition ¹² during the last 12 months?		
Activities of Daily Living		
23. Are you 70 years of age or older and require assistance from another person(s) with activities of daily living ¹ (ADL)?		
24. Do you require assistance with activities of daily living ^{1A} (ADL) as the result of a medical condition or state of health?		
Miscellaneous		
25. Do you have any vascular aneurysm that remains surgically untreated?		
26. Have you been diagnosed with an unrepaired aneurysm of 4 centimetres or greater, measured in either length or diameter?		
27. Within 12 months prior to applying have you been diagnosed ⁶ with gastrointestinal bleeding or within the 12 months prior to applying has this condition not been stable ²³ ?		
28. Have you had undiagnosed episodes of fainting or falling (syncope)?		

Medical Questionnaire

YES NO

1. Have you smoked or used tobacco products:

i. In the last 5 years?

ii. In the last 24 month?

2. How long has it been since your last check-up with a physician:

i. More than 30 months?

ii. More than 18 months?

3. Have you ever suffered from, been **diagnosed**⁶ with, received **treatment**²⁶ for, or been **prescribed drugs**²¹ for any of the following **medical condition(s)**¹⁴ undergone any of the following medical procedures;

i. Heart/Cardiovascular Disease or Condition, Heart Attack, Angina, Irregular Heartbeat, Heart Surgery, Coronary Angioplasty, Stenting, Bypass, Valve Replacement or Valve Surgery?

ii. Stroke/TIA, Blood Clots, Aneurysm, Peripheral Vascular Disease, Carotid Stenosis?

iii. Chronic Lung Disease (e.g. Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Persistent Asthma)?

iv. Bone Marrow or Organ Transplant?

v. HIV?

4. Do you have any of the following conditions, or in the last 5 years, have you been diagnosed with or had an investigation, **medical consultation**¹⁶, been prescribed medication or received **treatment**²⁶ for;

i. **Artery or vein disorder**³?

ii. Cancer (other than basal cell and squamous cell skin cancer or breast cancer treatment only with hormone therapy)?

iii. Diabetes (excluding controlled by diet)?

iv. **Heart condition**⁹ (including pacemaker or defibrillator, even if the procedure was completed more than 5 years ago)?

v. **Lung/respiratory condition**¹²?

vi. Stroke (CVA), mini-stroke (TIA)?

5. Do you have any of the following conditions, or in the last 24 months have you suffered from, been **diagnosed**⁶ with, had an investigation, **medical consultation**^{15&16}, received **treatment**²⁶ for or been **prescribed medications/drugs**²¹ for any of the following **condition(s)**¹⁴:

i. Cancer (Excluding Basal Cell Carcinoma)?

ii. Diabetes?

iii. Pancreatitis?

Medical Questionnaire (continued)

	YES	NO
iv. Chronic Kidney Disease, Liver Disease, Gastrointestinal Disorders - including but not limited to Ulcers, GI Bleed, Bowel Obstruction, Hepatitis, Crohn's Disease, Colitis or Diverticular Disease?	<input type="checkbox"/>	<input type="checkbox"/>
v. Digestive Tract Disorder?	<input type="checkbox"/>	<input type="checkbox"/>
vi. Internal conditions?	<input type="checkbox"/>	<input type="checkbox"/>
vii. Epilepsy or Seizures?	<input type="checkbox"/>	<input type="checkbox"/>
viii. Neurological disorder?	<input type="checkbox"/>	<input type="checkbox"/>
ix. Hospitalized as a result of a fall?	<input type="checkbox"/>	<input type="checkbox"/>
x. M.S., Lou Gehrig's Disease, Parkinson's Disease, Dementia or Alzheimer's?	<input type="checkbox"/>	<input type="checkbox"/>
xi. Blood Disorder ⁵ ?	<input type="checkbox"/>	<input type="checkbox"/>
xii. High blood pressure treated with 3 or more medications?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any of the following conditions, or in the last 12 months, have you been diagnosed with or had an investigation, medical consultation ¹⁶ or been prescribed medication or received treatment ²⁶ for:		
i. High blood pressure (hypertension) treated with 1 or 2 prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Pre-diabetes (glucose intolerance) and diet-controlled diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Muscle, bone and joint disorder ¹⁹ ?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last 12 months have you:		
i. Been prescribed or taken 7 or more medications, excluding Aspirin?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Been prescribed or used prednisone for any lung/respiratory condition ¹² ?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Used any form of nitroglycerine (spray, patch or pill) for the relief of angina/chest pain?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Been hospitalized (as an inpatient or in the emergency department) for a heart condition ⁴ ?	<input type="checkbox"/>	<input type="checkbox"/>
v. Had a stroke or mini-stroke (TIA or transient ischemic attack)?	<input type="checkbox"/>	<input type="checkbox"/>

I understand the answers on my application are relevant to the risk and constitute the basis of my insurance. I have personally provided the answers on this application and I warrant that all information herein is correct. In the event of a claim I fully understand that the insurer will review my prior medical history and these answers and if any of my answers are incorrect, the insurer will void my policy and my claim will be refused, regardless of whether the incorrect answer is related to the cause of my claim.

Print Full Name	Date (dd/mm/yy)	Signature
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Definitions of Key Terms Used in this Application

¹ **Activities of daily living** which include, but are not limited:

- a) personal hygiene and grooming;
- b) dressing and undressing;
- c) self-feeding;
- d) functional transfers (getting into and out of a bed or a wheelchair; getting onto or off of the toilet, etc.);
- e) bowel and bladder management;
- f) and/or medication management.

^{1A} **Activities of daily living** means any of the following:

- a) eating;
- b) bathing;
- c) using the toilet;
- d) changing positions (including getting in and out of a bed or chair);
- e) dressing.

² **Alteration**: includes any newly prescribed medication, change in medication type or the increase, decrease or discontinuation of a medical and the adjustment (stop and start) in an anticoagulation medication dosage due to surgery within ten (10) days prior to your **effective date**⁸, except:

- a) a dosage adjustment for an anti-hypertensive or cholesterol lowering medication;
- b) a change from a brand name medication to a generic brand medication of the same dosage;
- c) if you are taking Coumadin/Warfarin for anticoagulation therapy and are required to have your blood levels tested on a regular basis (INR) and your **medical conditions**¹⁴ remains unchanged, yet you are adjusting the dosage of your anticoagulation medication to ensure your INR is maintained within therapeutic range as directed by your physician(s); or
- d) if you are taking insulin or oral anti-diabetic medication for diabetes and are required to have your **medical condition**¹⁴ remains unchanged, yet you are adjusting the dosage of your medication to ensure your blood glucose level is maintained within therapeutic range as directed by your physician(s).

³ **Artery or vein disorder** includes aneurysm, atherosclerosis, blood clots, carotid artery stenosis, deep vein thrombosis (DVT), peripheral vascular disease (PVD), varicose veins excluding spider veins, thrombophlebitis.

⁴ **Auto-immune disorder** includes acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV), Graves' disease, Lou Gehrig's disease, multiple sclerosis, myasthenia gravis, sarcoidosis any location, scleroderma, systemic lupus erythematosus.

⁵ **Blood Disorder** includes anemia (other than vitamin B-12 deficiency anemia), hemochromatosis, idiopathic thrombocytopenic purpura (ITP), hemophilia, polycythemia vera, thrombophilia, thalassemia, Sickle-cell anemia.

⁶ **Diagnosis**: identification of **medical conditions**¹⁴, illness or injury through investigation or analysis of the signs and symptoms.

⁷ **Digestive tract disorder** includes Crohn's disease, bowel, colon and intestinal disorder, diverticulitis, diverticulosis, esophagus disorder, hernia, stomach disorder, gastritis, inflammatory bowel disease, irritable bowel syndrome (IBS), ulcer, ulcerative colitis. Digestive tract disorder does not include gastroesophageal reflux disease (GERD), heartburn and acid reflux.

⁸ **Effective date** means the later of:

- a) the date and time the completed application is accepted by Allianz Global Assistance or its representative; or
- b) the date indicated as the effective date on your confirmation of coverage; or
- c) for Multi-trip Plans, the date you exit your province or territory of residence for each trip.

If you purchase a Multi-trip Plan after you have exited your province or territory of residence, effective date means the date indicated as the effective date on your confirmation of coverage. For Trip Cancellation & Interruption Prior to Departure benefits, effective date means the date you make the initial non-refundable payment for your trip. If you purchase your policy after you have exited your province or territory of residence, any sickness that manifests itself during the first 48 hours after the effective date is not covered even if related expenses are incurred after the 48-hour waiting period.

⁹ **Heart condition** includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, congestive heart failure, cardiomyopathy, carotid artery occlusion, heart attack (myocardial infarction), heart murmur, irregular heart rate or beat, any other condition relating to the heart or cardiovascular system.

¹⁰ **Heart surgery** includes ablation, angioplasty, heart bypass operation, implanted defibrillator, implanted pacemaker, valve replacement (repair), valvuloplasty.

¹¹ **Internal condition** includes gallbladder disease, kidney disorder (including kidney stones), liver disease, ovarian or uterine disorder, prostate or urinary disorder, spleen and/or pancreatic disorder.

¹² **Lung/respiratory condition** includes asbestosis, bronchial asthma, bronchiectasis, chronic asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, sleep apnea (using a CPAP machine), tuberculosis.

¹³ **Major organ** means, heart, kidney, liver or lung.

¹⁴ **Medical condition(s)**: are any irregularities in your health:

- a) for which you received **medical treatment**¹⁷ or **medical consultation**¹⁵;
- b) related to undiagnosed symptoms for which you received **medical treatment**¹⁷ or **medical consultation**¹⁵; or
- c) related to undiagnosed symptoms which would have caused an ordinary person to seek **medical treatment**¹⁷ or **medical consultation**¹⁵.

¹⁵ **Medical consultation**: the act of meeting with a physician for the purpose of discussing and evaluating signs or symptoms in an effort to diagnose a **medical condition**¹⁴, illness or injury; or for the purpose of evaluating your progress and **medical treatment**¹⁷ of a **medical condition**¹⁴, illness or injury.

¹⁶ **Medical consultation** means any medical services obtained from a licensed medical practitioner for a sickness, injury or **medical condition**¹⁴, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or **treatment**²⁶, and during which a **diagnosis**⁶ of the condition need not have been definitively made. This does not include regular medical check-ups where no medical **signs or symptoms**²² existed between check-ups or were found during the check-up.

¹⁷ **Medical treatment**: any medical, therapeutic or diagnostic measure prescribed or recommended by a physician in any form, including: **prescription drugs**²¹; investigative testing; in-hospital care; surgery; or other prescribed or recommended action directly referable to the applicable condition, symptom or problem.

¹⁸ **Minor ailment** means a sickness or injury which ended more than 30 days prior to the **effective date**⁸ and which did not require:

- a) **treatment**²⁶ for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a physician; or
- c) hospitalization, surgery, or referral to a specialist.

¹⁹ **Muscle, Bone and Joint disorder** includes degenerative disc disease (DDD), fibromyalgia, herniated disc, osteoporosis, osteopenia, rheumatoid arthritis, sciatica, scoliosis, spinal stenosis, spondylitis/spondylosis.

²⁰ **Neurological disorder** includes Alzheimer's disease or dementia, brain injury, brain tumor, cerebral palsy, Creutzfeldt-Jakob disease, Cushing's syndrome, epilepsy, Guillain-Barré syndrome (GBS), Parkinson's disease, seizure, trigeminal neuralgia (TN or TGN).

²¹ **Prescription drug**: a licensed medicine that is regulated by legislation to require a prescription before it can be obtained. The term is used to distinguish it from over-the-counter drugs which can be obtained without a prescription. When referring to a prescription drug for a specified condition it includes but is not limited to those prescribed for the direct **medical treatment**¹⁷ of the diagnosed condition, the **medical treatment**¹⁷ of the symptoms associated with the diagnosed condition.

²² **Signs or symptoms** means any evidence of disease experienced by you or recognized through observation.

²³ **Stable**: a **medical condition**¹⁴ is stable if, during the period of time specified in the policy, you:

- a) have not received new **medical treatment**¹⁷;
- b) have not been prescribed a new **prescription drug**²¹;
- c) have not had a change in **medical treatment**¹⁷;
- d) have not had an **alteration**² in a prescribed drug;
- e) have not experienced a deterioration in your condition;
- f) have not experienced new, more frequent or more severe symptoms;
- g) have not had or required **medical consultation**¹⁵ to investigate symptoms that remain undiagnosed;
- h) have not required in-hospital care or a referral to a specialist, including initial follow-up visits, tests or investigations related to the **medical condition**¹⁴ and pending results; and/or
- i) do not anticipate further **medical treatment**¹⁷ after departure from your province of residence.

²⁴ **Stable** describes any medical condition or related condition, including any **heart condition**⁹ or **lung/respiratory condition**¹², for which:

- a) there has been no new **treatment**²⁶; and
- b) there has been no change in **treatment**²⁶ or change in **treatment**²⁶ frequency or type; and
- c) there have been no **signs or symptoms**²² or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and you are not awaiting the results of further investigations performed by any medical professional.

The following are considered stable:

- a) Routine (not prescribed by a physician) adjustment of insulin to control diabetes provided the insulin was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on your confirmation of coverage.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on your confirmation of coverage and there is no increase or decrease in dosage.
- c) The routine adjustment of Coumadin or Warfarin provided the Coumadin or Warfarin was not first prescribed during the time period specified in the Pre-Existing Conditions Exclusion shown on your confirmation of coverage.
- d) A **minor ailment**¹⁸.

²⁵ **Terminal** applies to a medical condition for which a physician gave a prognosis of eventual death or for which palliative care was received prior to the **effective date**⁸.

²⁶ **Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician including, but not limited to, prescribed medication, investigative testing or surgery.