#### 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 hospitalized, or; been prescribed or have you taken a **medication**, or; been prescribed or have you received a **treatment**, or; consulted a physician (other than for a regular checkup)?

These conditions include but are not limited to:	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 <b>Neurological conditions:</b> cerebral-vascular accident, transient ischemic attack stroke, dementia					
(including Alzheimer's disease) or other neurological condition					
1.4 Insulin-dependent diabetes: diabetes treated with insulin injections					
1.5 Kidney failure, kidney transplantation					
1.6 <b>Gastrointestinal conditions:</b> cirrhosis, hepatitis, ulcers, internal bleeding, liver transplantation,					
intestinal obstruction, acid reflux (GERD) 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 IF you answered 'Yes' to 2.4, 2.5, or 2.6: Did the OTHER MEDICAL CONDITION:	Yes	No			
2.7 Occur in the last 30 days or is it on-going? (Either scenario requires a 'Yes' answer)					
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					
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

# **PACIFIC BLUE CROSS Travel Plan**

# **Optional Pre-Existing Condition Coverage:**

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

For you or any other applicants in your party (i.e. for anyone to be insured under the same travel insurance policy):

	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		
Primary Applicant Name (PRINT)		Primary Applicant Signature	Date Signed

**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.