Manulife

Manulife Financial
Travel Insurance

Visitors to Canada Travel Insurance Application Form

***Applicants can select Plan A or Plan B. Before selecting Plan A or B, read the section "*Pre-existing Condition* Exclusion" which explains the difference between Plan A and Plan B.**

***All applicants must complete Parts B, C and D.**

***For Plan B, applicants 40 years of age and over must also complete Part A.**

Who can apply?

a) Visitors to Canada;
b) Canadians who are not eligible for benefits under a government health insurance plan;
c) Persons who are coming to or in Canada on a work visa or Parent and Grandparent Super Visa; or
d) New immigrants who are awaiting government health insurance plan coverage.

Instructions

Medical questions help us to determine eligibility, assess risk and determine the premium rate that is appropriate.

1. Eligibility – Before completing this application you must determine your eligibility. Carefully read the **Eligibility and Plan Qualification** section prior to proceeding. If after reading this section you determine that you are eligible, you qualify for Plan A or Plan B.
2. Those aged 40-85 who are eligible to complete this application may be eligible for Plan B. To be eligible for Plan B, you must answer NO to all of the questions in **Part A • Medical Questionnaire**. If you are uncertain of your answers to any of the medical questions, please consult your doctor before completing the Medical Questionnaire section.

Coverage Options

Single-Trip Coverage – This plan provides emergency medical coverage for one trip only. Coverage begins on the effective date and ends on the termination date as specified on your application and your confirmation of insurance documents. Single-Trip Coverage also includes Travel Accident Coverage for up to $50,000 CDN in the case of accidental bodily injury or death.

Trip Interruption Coverage – This is an optional benefit and the additional required premium must be paid for coverage to be effective. This benefit covers the non-refundable and non-transferable portion of your trip, should it be interrupted and you are required to return to your home country due to a covered event concerning yourself, an immediate family member or a travel companion.

Definitions

Italicized words have a specific meaning. Please refer to these definitions when completing the Medical Questionnaire.

Activities of daily living means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

Change in medication means the medication dosage, frequency or type has been reduced, increased or stopped, and/or new medications have been prescribed. We do not mean a change from a brand-name drug to an equivalent generic drug of the same dosage, and a routine adjustment in the dosage of your medication, as a result of your blood levels only, if you are taking Coumadin (warfarin) or insulin and are required to have your blood levels tested on a regular basis and your medical condition remains unchanged.

Effective date means the date on which your coverage starts.

Hospital means a facility that is licensed as a hospital where in-patients receive medical care and diagnostic and surgical services under the supervision of a staff of physicians with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a hospital.

Medical condition means sickness, injury, disease or symptom(s), complication of pregnancy within the first 31 weeks of pregnancy.

Pre-existing condition means a medical condition that exists before your effective date.

Stable medical condition means that:

- you have not had a new symptom(s); and
- existing symptom(s) have not become more frequent or severe; and
- a physician has not found that the medical condition has become worse; and
- no test findings have shown that the medical condition may be getting worse; and
- a physician has not provided, prescribed, or recommended any new medication, or any change in medication; and
- a physician has not provided, prescribed, or recommended any investigative testing, new treatment or any change in treatment; and
- there has been no hospitalization or referral to a specialist or specialty clinic; and
- a physician has not advised referral to a specialist or further testing, and there has been no testing for which the results have not yet been received.

Treatment hospitalization, prescribed medication (including prescribed as needed) medical, therapeutic, diagnostic or surgical procedure prescribed, performed or recommended by a licensed medical practitioner. IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Pre-existing Condition Exclusion

The *pre-existing condition* exclusion that applies depends on your age and the plan you have qualified for as determined by your answers to the medical questions.

Plan A

Up to age 85: We will not pay any expenses relating to any *medical condition*, diagnosed or undiagnosed, which existed or for which you sought or received medical advice, consultation, investigation, or for which *treatment* was required or recommended by a physician, in the 180 days before your *effective date* of insurance; any heart condition if, in the 180 days before the *effective date*, you require any form of nitroglycerine for the relief of angina pain; any lung condition if, in the 180 days before the *effective date*, you require *treatment* with oxygen or prednisone for a lung condition.

Plan B

Up to age 85: We will not pay any expenses relating to a *pre-existing condition* that is not *stable* in the 180 days before your *effective date*; any heart condition if, in the 180 days before the *effective date*, you require any form of nitroglycerine for the relief of angina pain; any lung condition if, in the 180 days before the *effective date*, you require *treatment* with oxygen or prednisone for a lung condition.

ALL PLANS & ALL AGES

Hospitalization for a *pre-existing condition*: We will not pay any expenses relating to a *pre-existing condition* for which you are hospitalized either more than once or for at least 2 consecutive days in the 12 months before your *effective date*.

Eligibility and Plan Qualification

COVERAGE ELIGIBILITY

You are **not eligible** for coverage under this policy if any of the following apply to you:

- You are travelling against the advice of a physician;
- You have been diagnosed with a terminal illness with less than 2 years to live;
- You have a kidney condition requiring dialysis;
- You have used home oxygen during the 12 months prior to the date of application;
- You have been diagnosed with Alzheimer's disease or any other form of dementia;
- You are under 30 days or over 85 years of age (over 69 years of age for $150,000 Single-Trip Emergency Medical Coverage);
- You reside in a nursing home, home for the aged, other long-term care facility or rehabilitation centre; and/or
- You require assistance with *activities of daily living*.

After reading the above, if you determine that you are eligible, you qualify to purchase this insurance. If you are purchasing Plan A, or if you are under the age of 40 and purchasing Plan B, please complete Parts B, C, and D.

If you are eligible to purchase this coverage and are aged 40-85 (40-69 years of age for $150,000 Single-Trip Emergency Medical coverage) you may qualify for Plan B, which covers *stable* pre-existing medical conditions that have been *stable* for 180 days before your *effective date*. If you are applying for Plan B, you must answer NO to each question in Part A below. If you are uncertain of your answers to any of the medical questions below, please consult your doctor before completing the Medical Questionnaire.

Part A • Medical Questionnaire

ELIGIBILITY QUESTIONS FOR PLAN B, if you are 40 years of age or older

	Applicant 1		Applicant 2	
1. **Have you:** had heart bypass or valve surgery more than ten (10) years ago?	❑ Yes	❑ No	❑ Yes	❑ No
2. **Do you:** have BOTH diabetes (for which you require the use of medication) AND a heart condition?	❑ Yes	❑ No	❑ Yes	❑ No
3. **Have you ever:** received an organ transplant?	❑ Yes	❑ No	❑ Yes	❑ No
4. **In the past 2 years, have you:** a) been prescribed or taken Lasix or furosemide for any condition; and/or b) had congestive heart failure; and/or c) required *treatment* with oxygen or prednisone (or other oral steroid medication, not including puffers) for a lung condition?	❑ Yes	❑ No	❑ Yes	❑ No
5. **In the past 12 months, have you:** a) started *treatment* for and/or been diagnosed with a heart attack; stroke; transient ischemic attack (TIA); mini-stroke; or internal bleeding; and/or b) been diagnosed with cancer, or received chemotherapy or radiotherapy or any other *treatment* of cancer; and/or c) been hospitalized for 24 hours or more for a gastrointestinal disease or disorder?	❑ Yes	❑ No	❑ Yes	❑ No

If you answered YES to ANY of the PLAN B eligibility questions, you **are not eligible** to purchase PLAN B.

If you answered NO to ALL the PLAN B eligibility questions, you **are eligible** to purchase PLAN B. Please complete the statement below and proceed to complete Parts B, C, and D.

I declare that all the information I have provided on this Medical Questionnaire is true and complete and that I qualify for:

Applicant 1:

Name: Last Name First Name ❑ Plan A ❑ Plan B Signature _____ Dated (MM/DD/YYYY)

Applicant 2:

Name: Last Name First Name ❑ Plan A ❑ Plan B Signature _____ Dated (MM/DD/YYYY)

Part B • Insurance Application

PERSONAL INFORMATION – Please use another application form if there are more than 2 applicants.

NAME OF APPLICANTS (Last Name, First Name)	**DATE OF BIRTH** Month / Day / Year
1. Applicant 1	
2. Applicant 2	
3. Dependent child	
4. Dependent child	
5. Dependent child	

HOME ADDRESS
Street | Apt No. | City | Country

ADDRESS IN CANADA
Street | Apt No. | City | Province | Postal Code

HOME PHONE #

EMERGENCY CONTACT IN CANADA
Name | Relationship | Phone

ARRIVAL DATE IN CANADA (MM/DD/YYYY)

DATE OF APPLICATION (MM/DD/YYYY)

ARE YOU BUYING THIS INSURANCE FOR YOUR SUPER VISA APPLICATION? ❑ Yes ❑ No

COVERAGE SELECTION

SINGLE-TRIP PLANS

EMERGENCY MEDICAL – COVERAGE REQUESTED: ❑ $15,000 ❑ $25,000 ❑ $50,000 ❑ $100,000 ❑ $150,000 (available up to age 69)

PLAN A ❑ **Single Coverage** **OR** ❑ **Family Coverage** (up to age 59) **PLAN B** ❑ **Single Coverage**

OPTIONAL INSURANCE – SINGLE-TRIP TRAVEL ONLY

TRIP INTERRUPTION

❑ **Single Coverage** **OR** ❑ **Family Coverage** (up to age 59)

DURATION OF COVERAGE

For Single-Trip Plan

*Effective Date**	(MM/DD/YYYY)	First Day	+ 1
Return Date	(MM/DD/YYYY)	**Plus** Last Day	+ 1
		Plus No. of days between Effective and Return Date	+
		Equals Total no. of days of coverage	= **Line A**

* within 365 days of purchase

Part C • Premium Calculation

The following calculation tables apply only if all applicants purchase the same plan and have the same deductible option. Otherwise, please use a separate application form for each applicant.

Determine Your Premium – The premium due for your coverage is based on the plan you are purchasing, your age and trip duration. Please refer to the Rate Chart and enter the applicable premium. For Single-Trip Plans, multiply the number of days of coverage required (Line A) by the appropriate "per day" premium rate provided on the rate chart.

EMERGENCY MEDICAL

Applicant	**# of Days x Premium Per Day**	**Premium**
1	**x**	$ 0.00
2	**x**	+ $ 0.00
Family Coverage	**x** 2x the Premium Rate of the Oldest (under age 60)	$ 0.00
Total Premium (total premium rates of each applicant or Family Coverage Premium)		= $

DEDUCTIBLE SURCHARGE/SAVINGS FACTOR: All Emergency Medical published rates include a $75 deductible.
You may choose one of the following deductible options for Single-Trip Emergency Medical plans:

$0	5% surcharge	1.05 factor	$500	15% savings	0.85 factor	$2,500	25% savings	0.75 factor
$75	0% surcharge	1.00 factor	$1,000	20% savings	0.80 factor	$5,000	35% savings	0.65 factor

X factor

TOTAL EMERGENCY MEDICAL PREMIUM = $ 0.00 **Line B**

Part C • Premium Calculation (continued)

TRIP INTERRUPTION

Applicant	# of Days x Premium Per Day		Premium
1	x		$ 0.00
2	x		+ $ 0.00
Family Coverage	x	3x the Premium Rate of the Oldest (under age 60)	$ 0.00
Total Premium (total premium rates of each applicant or Family Coverage Premium)			= $ Line C

TOTAL PAYMENT

Total Premium from Lines B and C	$ 0.00

Payment Method: ❑ Visa ❑ MasterCard ❑ American Express ❑ Cheque (payable to The Manufacturers Life Insurance Company)

Cardholder's Name

Cardholder's Signature

Credit Card Number

– – –

Expiry Date

M M Y Y

Note: Coverage will not take effect if your credit card number is invalid or payment is rejected for any reason.

Part D • Applicant's Declaration – All Applicants Must Complete This Section

Declaration. I apply to The Manufacturers Life Insurance Company (Manulife) for insurance under the Manulife Financial Visitors to Canada Travel Insurance policy. I declare that all the information I have provided on this application form, together with the Medical Questionnaire originally attached hereto, is true and complete. I understand that this coverage is subject to conditions, restrictions, limitations and exclusions and may limit or exclude an amount payable. I understand that if I misrepresent any material information provided in this application, Manulife will void my policy and I will not be covered for any benefits under this policy. I authorize any hospital, physician, other medical service provider or any other organization or person that has any records or knowledge of me or my health to release to Active Care Management and/or Manulife and its reinsurers any such information for the purpose of this application and contract and any subsequent claim. A photocopy or facsimile of this authorization is as valid as the original.

Applicant 1 Signature | Signed at (City, Province) | (MM/DD/YYYY) Date Signed

Applicant 2 Signature | Signed at (City, Province) | (MM/DD/YYYY) Date Signed

Notice on Privacy and Confidentiality. The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6.

Advisor's Report • For Advisor/Agent Use Only

You confirm that you have disclosed the following information to the applicant:

- the name of the company or companies you represent
- that you receive commissions for the sale of life and accident and sickness insurance products and may receive bonuses, invitations to conferences or other incentives; and
- any conflicts of interest you may have with respect to this transaction.

Name (first, middle initial, last)	Advisor code	Signature ✖

Agent – Please complete this section

Agent name	Telephone number	Fax number	Agent selling code
Company name and address		**Email address**	**Resource centre code**

Mail this application form with your payment to your agent/broker or: Manulife Financial Travel Insurance, P.O. Box 4262, Stn A, Toronto, ON M5W 5T4.

Manulife Financial Travel Insurance is offered through The Manufacturers Life Insurance Company.