### QUESTION 1

In the past 6 months, for any one of the **7 following conditions**, have you:

- consulted a physician, other than for a regular checkup?
- been hospitalized?
- been prescribed or received treatment?
- been prescribed or taken a medication?

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

2. Chronic obstructive lung conditions: asthma, emphysema, chronic bronchitis, lung transplantation

3. Neurological conditions: cerebral-vascular accident, transient ischemic attack

4. Insulin-dependent diabetes: diabetes treated with insulin injections

5. Kidney failure, kidney transplantation

6. Gastrointestinal conditions: cirrhosis, hepatitis, ulcers, internal bleeding, liver transplantation, intestinal obstruction

7. Cancer or malignant tumor

If you answered **yes** to one of questions **1 to 7**, the medical condition declared is not covered. Refer to the Medical Questionnaire section.

### QUESTION 2

In the past 6 months, for **any other medical condition**, have you:

- a. been hospitalized? Yes □ No □
- b. received a change in an existing medication\(^1\) including usage or dosage? Yes □ No □
- c. received a change in an existing treatment? Yes □ No □
- d. consulted a physician, other than for a regular check-up? Yes □ No □
- e. been prescribed or received a new treatment? Yes □ No □
- f. been prescribed or taken new medication? Yes □ No □

If you answered **yes** to one of questions **a to c**, the medical condition declared is not covered. Refer to the Medical Questionnaire section.

If you answered **yes** to one of questions **d to f**, and the medical condition declared is a **chronic medical condition**; the condition declared is not covered. Refer to the Medical Questionnaire section.

If you answered **yes** to one of questions **d to f**, and the medical condition declared is **not a chronic medical condition**, answer questions **g to k**.

**Non-chronic** medical condition:

- g. Did the condition occur in the last 30 days or is it on-going? Yes □ No □
- h. Does it require a surgical intervention? Yes □ No □
- i. Does it require medication for more than 15 days? Yes □ No □
- j. Does it require more than one follow-up visit to a physician? Yes □ No □
- k. Does it require a consultation with a medical specialist? Yes □ No □

If you answered **yes** to one of questions **g to k**, the medical condition declared is not covered. Refer to the Medical Questionnaire section.

### QUESTION 3

In the past 6 months, have you taken medication for high blood pressure? Yes □ No □

### QUESTION 4

In the past 12 months, have you used any tobacco product? Yes □ No □

### QUESTION 5

Was your last regular check-up with a physician more than 12 months ago? Yes □ No □
MEDICAL QUESTIONNAIRE

We offer you the option of having a medical questionnaire filled out by your attending physician. If the medical questionnaire is accepted: your pre-existing medical condition will be covered. The following conditions are not eligible for the medical questionnaire: kidney failure under dialysis, a lung condition with oxygen or cortisone therapy, cancer with metastases, a medical condition in a terminal phase.

Accept ☐
Decline ☐

Note: The medical questionnaire option does not apply to visitors to Canada, foreign students, foreign workers and immigrants.

RATE SELECTION CHART  Used to determine your rate based on answers to questions 1 to 5.

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Question 2</th>
<th>Question 3</th>
<th>Question 4</th>
<th>Question 5</th>
<th>Applicable Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>a</td>
<td>g</td>
<td>h</td>
<td>j</td>
<td>Standard Rate</td>
</tr>
<tr>
<td>No</td>
<td>Yes to one question</td>
<td>Yes to one question</td>
<td>Yes to one question</td>
<td>Prime Rate</td>
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<td>Yes to one question</td>
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<td>No</td>
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<td>No</td>
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<td>Yes to one question</td>
<td>No</td>
<td>Super Select Rate</td>
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</tr>
</tbody>
</table>

According to the information you submitted, you are eligible for this rate: ☐ Standard Rate ☐ Prime Rate ☐ Select Rate ☐ Super Select Rate

SIGNATURE

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 this condition may not be covered. Any incomplete, erroneous or inaccurate statement shall render the travel insurance policy null and void in its entirety.

I certify that the information given is true, correct and complete to the best of my knowledge. I consent to Pacific Blue Cross using this personal information to determine my eligibility for coverage. A copy of our privacy policy is available by contacting Pacific Blue Cross. It is also available on our Web site at www.pac.bluecross.ca.

Client signature ___________________________ Date ____________

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

- routine adjustment of insulin or Coumadin
- a change from a brand name medication to a generic brand medication, provided the dosage is the same
- Aspirin taken for non-prescribed medical purposes
- decrease of the dosage of cholesterol medication
- hormone replacement therapy
- vitamins and minerals and non-prescription medication
- creams or ointments prescribed for cutaneous irritations