



TRAVELANCE
YOUR PEACE OF MIND, OUR PROMISE

Travelance Insurance Eligibility Questionnaire

IMPORTANT

- You and only you are responsible for the answers you give on this questionnaire
- If you are unsure of your medical history, ask your doctor
- If you do not meet the eligibility requirements, you cannot buy this insurance
- Read your policy before you travel and make sure you understand it
- If you provide any incorrect information you will not have coverage
- Call the underwriter at 1-888-831-2222 if:
 - you do not understand the policy or this questionnaire
 - your health changes before you depart
 - you have any questions

Use this questionnaire if:

- You are **under 70 years old** and want to insure a trip cost of more than **\$25,000**;
- You are **over 69 years old** and want to insure a trip cost of more than **\$15,000**; or
- You are **over 69 and under 90 years old** and want to buy the **All Inclusive Worldwide Plan** for more than **16 travel days**.

How can we reach you?

Name: _____ Email Address: _____

Canadian Address: _____

Telephone Number: _____ Mobile Number: _____

Date of Birth: (mm/dd/yy) ____ / ____ / ____

Part 1

Check Yes or No for each condition for which you were diagnosed with or **Treated** (see definition below) in the **2 years** before your departure date in the Medical Conditions Table below.

MEDICAL CONDITIONS TABLE

- | | | |
|---|------------------------------|-----------------------------|
| a) Coronary artery disease, heart attack or angina..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Valvular heart disease, abnormal heartbeat, arrhythmia or use of a pacemaker..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) A lung or respiratory condition for which daily medication has been prescribed (including inhalers)..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Diabetes that requires insulin | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Stroke or mini-stroke (TIA)..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) Aneurysm..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) Blood clots..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h) Gastro-intestinal bleed..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered **YES** to **2 or more** conditions above **you cannot buy this insurance**.

If you answered **NO** to every condition above proceed to **Part 2**.

If you answered **YES** to **1** condition above:

Were you admitted to hospital for this condition in the **2 years** before your departure date?..... Yes No

If you answered **YES** then **you cannot buy this insurance**.

If you answered **NO** proceed to **Part 2**.

Treat, Treated or Treatment – means a procedure prescribed, performed or recommended by a physician for a medical condition. This includes but is not limited to prescribed medication, investigative testing and surgery. Do not count aspirin, acetaminophen or ibuprofen as **Treatment**.

Name: _____

Part 2

Read questions 1 to 5 and check Yes or No.

1. Do you have a terminal illness? Yes No
2. Has a doctor advised you not to travel? Yes No
3. Do you have metastatic cancer? Yes No
4. In the **2 years** before your departure date:
 - a. Were you admitted to hospital due to:
 - i. Diverticulitis Yes No
 - ii. Peripheral vascular disease (excluding varicose veins) Yes No
 - iii. Bowel obstruction Yes No
 - iv. Ulcerative colitis or Crohn's disease Yes No
 - v. Liver condition Yes No
 - vi. Diabetes that requires medication (excluding insulin) Yes No
 - vii. Alzheimer's disease or dementia Yes No
 - viii. Any seizure disorder Yes No
 - ix. Kidney stones Yes No
 - x. Gallbladder disease and/or gall stones Yes No
 - xi. Cancer (do not count basal or squamous cell carcinoma) Yes No
 - xii. Parkinson's disease Yes No
 - b. Have you lived in a retirement home, nursing home, assisted living home, convalescent home, hospice or rehabilitation centre that assists you daily with your mobility or medications (do not include a one-time temporary stay at a rehabilitation centre of no more than 6 weeks)? Yes No
 - c. Have you had chemotherapy, radiation therapy or any surgery for cancer (excluding the removal of skin lesions other than malignant melanoma)? Yes No
5. In the **2 years** before your departure date were you diagnosed or **Treated** (see definition) for:
 - a. Congestive heart failure? Yes No
 - b. Kidney failure requiring dialysis? Yes No
 - c. A lung condition requiring home oxygen? Yes No

If you answered **YES** to **ANY** question in **Part 2**, **you cannot buy this insurance.**

If you answered **NO** to **ALL** questions in **Part 2**, complete **Part 3.**

Name: _____

Part 3 Declaration: You must read, initial and sign this declaration; otherwise we cannot accept the questionnaire.

I am the applicant. By signing this declaration I take responsibility for my answers on this questionnaire. I declare that I am eligible to buy this insurance and that the information I give is accurate. If I was not sure about the medical information needed for this questionnaire, I checked it with my doctor before signing. (initial)

I agree that if I provide incorrect information on my questionnaire or if I am not eligible for the plan I bought, Old Republic Insurance Company of Canada ("the Company") will void my policy and cancel my coverage. (initial)

If my health changes and this affects my eligibility before my trip departure date, I will notify the Company. (initial)

I understand that I must read my policy before I travel because it contains the terms, conditions, limitations and exclusions that apply to me and my trip. (initial)

Signature: _____

Date: _____

We cannot accept this questionnaire unless you complete it, initial and sign it, and pay the premium.

A copy of this completed questionnaire should be retained for your records.

Read your policy upon receipt. It contains exclusions, conditions and limitations. It is important that you understand what you are covered for. Within 10 days after you receive your policy and before you leave on your trip, you may cancel your policy for any reason and get a full refund.

For Agents Use Only: Submit a copy of this completed questionnaire within 48 hours to the Company via the online portal, fax (877-592-4448) or mail.

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