21st Century
TRAVEL INSURANCE LIMITED

Visitors to Canada Insurance
MEDICAL DECLARATION - Version V08

(age 60 or over on Effective Date)

Instructions: a) Complete for any applicant age 60 to 85 who is applying for the Stable Chronic Condition Option.
b) Complete for all applicants age 86 or over.
c) Agent must fax to 1-866-285-5727 or email to 21st Century within 3 business days of making sale.

Agency Name _____ Agent Code _____

Policy Number *(if already issued in TIPS system)* _____ Agent Ph#: _____

Name of Applicants *(Last name, first name)*	**Date of Birth** *(mm/dd/yy)*
Applicant 1:	
Applicant 2:	
Phone number(s) for contact purposes:	

MEDICAL DECLARATION - *Not required if under age 60 or if waiving the Stable Chronic Condition Coverage Option* ***(Circle Yes or No)***

Answer the following questions to determine eligibility. If unsure how to respond to any question, please consult a physician.	**Applicant 1**	**Applicant 2**
1. Within the past **12 months**, have you been newly diagnosed with, been prescribed any new medication or any change in dosage, frequency or type of medication, had any new or change in treatment (including investigation or testing), been referred to a specialist physician for investigation or testing or been hospitalized or been seen in the emergency department of a hospital, for any of the following: a) a heart condition; b) a lung condition; c) shortness of breath; d) chest pain; e) stroke, or mini-stroke or TIA (Transient Ischemic Attack)?	Yes No	Yes No
2. Have you: a) been diagnosed with a heart valve disorder which has not been treated by heart valve surgery; b) had heart bypass or valve surgery or angioplasty more than 10 years ago? (use the date of your most recent procedure)	Yes No	Yes No
3. Have you ever been diagnosed with congestive heart failure?	Yes No	Yes No
4. Within the past **12 months** have you: a) been treated for and/or been diagnosed with internal bleeding; and/or b) been admitted to hospital for a gastrointestinal disease or disorder; and/or c) received treatment (including investigation or testing) for any cancer (except basal cell and squamous cell skin cancer)?	Yes No	Yes No
5. Within the past **12 months** have you been prescribed or taken any of the following: a) Lasix or furosemide for any reason; b) prednisone for any lung condition; c) medications for **both** diabetes **and** a heart condition (you can answer no to this question if you are medicated for one of these conditions but not both. Medication prescribed solely for the control of blood pressure does not count as a medication for a heart condition); d) any form of nitroglycerin for the relief of angina pain (including on an "as needed" basis)?	Yes No	Yes No

Age 60 to 85 If you answer "No" to all questions, you are eligible to purchase the Stable Chronic Condition option. Use Table 1 Rates.
(If "Yes" responses or if waiving the Stable Chronic Condition option, DO NOT submit this form, use Table 2 Rates. Claims arising from a Stable Chronic Condition will not be paid.)

Age 86 or over If you answer "No" to all the questions, you are eligible to purchase the insurance. Claims arising from a Stable Chronic Condition will not be paid. You are not eligible to purchase any coverage, if you have "Yes" responses.

Declaration. I/we certify that the information provided on this form is true and accurate, and understand that such information is material to the risk, and constitutes the basis of coverage offered. I/we fully understand that if any of my/our answers are untrue or incorrect, then coverage offered will be null and void. I/we understand that the policy contains important terms and conditions of coverage including exclusions and other limitations. I/we understand that Manulife, its agents, third party administrators or its legal representatives may investigate a claim. I/we authorize any hospital, physician, or their medical service provider, or any other organization or person that has any records or knowledge of me/us and my/our health to release to third party administrators, and Manulife and its reinsurers, any such information for the purpose of this application, contract and subsequent claim.

If you are completing this declaration on behalf of the applicant(s) for insurance, please complete the following:

Your name _____ Relationship to applicant(s) _____

Your signature _____ Date _____

If you are the applicant(s) for insurance, please complete the following:

	Applicant Signature	**Name of Applicant** (Print)	**Date** *(mm/dd/yy)*
Applicant 1			
Applicant 2			

The 21st Century Travel Insurance (o/a 21st Century Travel Insurance Services in British Columbia) Visitors to Canada Insurance plan is underwritten by The Manufactures Life Insurance Company (Manulife)