

**Underwriting Plan****Form 3 - Medical Update** (to be completed by the physician)

10 23 MU3 ECA 0809 000

**APPLICANT**

NAME:

ADDRESS:

TELEPHONE NUMBER:

DATE OF BIRTH (D/M/Y):

**PLANNED TRIP**

DEPARTURE DATE (D/M/Y):

RETURN DATE (D/M/Y):

DESTINATION:

**Note:** The masculine gender is used in this document for the sole purpose of lightening the text.**PERSONAL INFORMATION:** Your personal information is collected for the purpose of providing you with insurance services, claims analysis and payments. Call 1-800-680-3837 for a copy of the **etfs** Privacy Policy. For information, please see [www.rsagroup.ca](http://www.rsagroup.ca), or call us at 1-800-716-4339.**MESSAGE TO THE PHYSICIAN**

The attached Medical Questionnaire\* is being resubmitted for your review. Please specify below whether the patient's medical status has changed since the earlier completion of the questionnaire.

The answers you provide regarding your patient's health status will help us to determine his eligibility to purchase emergency travel insurance.

Please include any relevant information you feel may help us assess this patient's medical stability. Should you feel your patient's condition is too unstable for him to travel this year, please discuss this matter with him and advise us in the section entitled "Comments". We appreciate your cooperation.

\* Charges levied for the completion of this document remain the patient's responsibility.

**PHYSICIAN'S ASSESSMENT** **NO CHANGE HAS OCCURRED**

I, the undersigned, certify that there have been no changes to the patient's health since the completion of the Form 1, insofar as I am aware.

I assess the patient's current medical status as follow:

 **CHANGES HAVE OCCURRED**

I, the undersigned, certify that the patient has experienced the following changes in his medical condition since the completion of the Form 1:

Change in health (or medication)

Date

**COMMENTS:****PHYSICIAN INFORMATION**

NAME:

PROF. NO.:

ADDRESS:

TEL.:

FAX:

SIGNATURE:

DATE:

This form must be returned to: **Ray Battiston, BA, CAIB, CIP Insurance Broker, 151 Osprey Cres. Callander, Ontario P0H 1H0 Canada**  
1-800-526-7420 - Local: 705-752-1723 - Fax: 705-752-5198 - [raybattiston@on.aibn.com](mailto:raybattiston@on.aibn.com) - [www.IceColdNorth.com](http://www.IceColdNorth.com)