

Please contact your LS Mutual agent for more details:

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APPLICATION EFFECTIVE JULY 20, 2009



AE
WE



APPLICANT

Language: F E

Last Name _____
First Name _____
Date of Birth ____/____/____ Age ____ Sex M F
During the last 12 MONTHS, have you used any tobacco products? Yes No
If you have answered YES, the smoker rate is applicable (see page 2, item #6).
Government Health Insurance N^o _____
Attending Physician's Name _____
Date of your last doctor's visit ____/____/____
Doctor's Tel. (____) _____

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Date of your last doctor's visit ____/____/____
Doctor's Tel. (____) _____

Address in Canada _____
Telephone in Canada (____) _____ Emergency Telephone (____) _____
Destination _____

DEPENDENTS

(required if insured under family plan)

(unmarried dependent children aged 3 months to 21 years)

Last Name _____ First Name _____ Date of birth ____/____/____ Age ____
Last Name _____ First Name _____ Date of birth ____/____/____ Age ____
Last Name _____ First Name _____ Date of birth ____/____/____ Age ____

MEDICAL QUESTIONNAIRE FOR ELIGIBILITY

Your answers to the medical declaration constitute the basis of your eligibility. In any doubt, you should seek the help of your agent, our client representative or your doctor.

- 1. Are you traveling against the advice of a physician or have been diagnosed with a terminal illness or are you currently in the process of seeking a diagnosis (waiting for further tests or its results)?
- 2. Have you ever been diagnosed with or received medical treatment for any of these conditions:
 - cardiac; - hepatitis;
 - vascular (excluding high blood pressure); - pancreatitis;
 - neurological; - pancreatic cancer, liver cancer or any cancer with metastases;
 - chronic respiratory (including home oxygen); - kidney failure or kidney disease requiring dialysis;
 - cirrhosis; - major organ transplant;
 - diabetes; - fibromyalgia (chronic fatigue)?
- 3. In the past 12 months, have you:
 - been treated for cancer;
 - been hospitalized for 24 hours or more, or kept under an observation status at any hospital ER? (do not take into account minor accident for ER)
- 4. Are you 60 years and older AND
 - have used any tobacco products during the last 12 months; or
 - has it been more than 18 months since your last regular check-up with a physician

A-1		A-2	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiales _____		Initiales _____	
A-1		A-2	

If you answered YES to any of the above questions, you are not eligible for this insurance product and no claims will be paid if your medical declaration is inaccurate

EXCLUSIONS PERTAINING TO THE PRE-EXISTING CONDITIONS

Benefits are not payable under this policy if losses sustained or expenses incurred are the direct or indirect result of any conditions or changes in your health (except a Minor ailment) that have not been Stable and controlled:

- for a period of three (3) months before departure for insured aged 3 months to 60 years; and
- for a period of six (6) months before departure for insured aged 61 and over, unless specified otherwise in writing by the Insurer. (Exception 61 and over: high blood pressure = 3 months stability if you do not have cardiac, vascular, respiratory or neurological conditions).

"Stable and controlled" means any medical condition (other than a Minor ailment) for which all the following statements are true:

1. there has been no new diagnosis, Treatment or prescribed medication (including prescribed as needed);
2. there has been no change in Treatment frequency or type, or change in medication, including the amount of medication to be taken, its dosage or the type of medication*;
* Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes in order to maintain an optimal control (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified);
3. there have been no new symptoms, more frequent symptoms or more severe symptoms;
4. there have been no test results showing deterioration;
5. there has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting the results of further investigations for that medical condition.

"Treatment" - Any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician, including but not limited to prescribed medications (including prescribed as needed), investigative tests and surgery.

"Minor Ailment" - Any sickness or injury which does not require:

- 1) the use of medication for a period greater than 15 days, or
 - 2) more than one follow-up visit to a physician, or
 - 3) hospitalization or surgical intervention or referral to a specialist.
- To be considered as a Minor ailment, the sickness or injury must end at least 30 consecutive days prior to the departure date of each trip. However, a chronic condition, a condition requiring on-going medical attention and the reoccurrence of a sickness or injury in the six months period following the initial manifestation are not considered a Minor Ailment.

