**This Medical Declaration must be completed if you are between 75 and 84 years of age as of the effective date of coverage and are applying to purchase coverage for pre-existing medical conditions that have been stable in the 180 days prior to your effective date. Coverage for any pre-existing medical conditions is not available if you are over 84 years of age.**

|  |
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| **VISITORS TO CANADA** |
|  | **To be eligible for coverage, on the effective date, *you* must:**1. be a visitor to Canada or a person in Canada under a valid work or student visa, a Canadian or an immigrant not eligible for benefits under a government health insurance plan; and
2. be at least 15 days of age and less than 90 years of age; and
3. not be travelling against the advice of a *physician* and/or not have been diagnosed with a *terminal illness*; and
4. not be experiencing new or undiagnosed signs or symptoms and/or know of any reason to seek medical attention; and
5. not require assistance with the activities of daily living (dressing, bathing, eating, using the toilet or getting in or out of a bed or chair).
 |
| Medical Declaration | **Applicant 1** | **Applicant 2** |
| Please answer the following questions.  | Yes | No | Yes | No |
| 1 | Was your most recent heart bypass, heart angioplasty (including stent placement) or heart valve surgery more than 10 years prior to your effective date? |  |  |  |  |
| 2 | Do you have both diabetes (for which you are taking medication) and a heart condition? |  |  |  |  |
| 3 | Have you ever had or are you awaiting a bone marrow or organ transplant? |  |  |  |  |
| 4 | In the 24 months prior to your effective date have you been diagnosed with or treated for: |  |  |  |  |
|  | 1. congestive heart failure?
 |  |  |  |  |
|  | 1. a lung condition with prednisone (or other oral steroid medication) or home oxygen?
 |  |  |  |  |
|  | 1. kidney or liver failure?
 |  |  |  |  |
|  | 1. peripheral vascular disease?
 |  |  |  |  |
| 5 | In the 12 months prior to your effective date have you been diagnosed with or been treated for: |  |  |  |  |
|  | 1. a heart attack?
 |  |  |  |  |
|  | 1. stroke, transient ischemic attack (TIA)or mini-stroke?
 |  |  |  |  |
|  | 1. cancer (excluding basal or squamous cell skin cancer or breast cancer treated only with hormone therapy)?
 |  |  |  |  |
|  | 1. internal bleeding?
 |  |  |  |  |
| If you answered Yes to any of the questions you are not eligible to purchase coverage for pre-existing medical conditions. |

**The applicant declares that, to the best of the applicant’s knowledge, the statements and answers provided are truthful, complete and accurate. The applicant agrees that the statements and answers form part of the contract and that the insurance shall become effective in accordance with, and subject to, the terms and conditions of the policy. Misrepresentation or failure to disclose any material fact may void the policy at the option of the insurer.**

|  |  |  |
| --- | --- | --- |
| Applicant 1 |  | Date |
| Name      | Signature |      DD-MM-YYYY |
| Applicant 2 |  | Date |
| Name      | Signature |      DD-MM-YYYY |