

## ELIGIBILITY AND PLAN QUALIFICATION

### COVERAGE ELIGIBILITY

You are **not eligible** for coverage under this policy if:

- The date of your trip occurs during the time that you have been advised by a physician not to travel;
- You have been diagnosed with a terminal illness with less than two (2) years to live;
- You have a kidney condition requiring dialysis; and/or you have used home oxygen during the 12 months prior to the date of application;
- If you are under 31 days or over 85 years of age (over 69 years of age for \$150,000 single-trip emergency medical coverage or the multi-trip plan).

After reading the above if you determine that you are eligible, you qualify for **PLAN A**, please go to page 4 and fill out the Personal Information section of the Application.

### OPTIONAL PLAN SELECTION

Those aged 35-85 (under 69 years of age for \$150,000 single-trip emergency medical coverage or the multi-trip plan) who are eligible for Plan A may be eligible for **Plan B**, which covers stable pre-existing medical conditions. However, applicants must answer NO to all the **Plan B** eligibility questions below.

In addition, Plan B is only available to residents of the following countries or districts: Austria, Australia, Bahamas, Barbados, Belgium, Bermuda, Cayman Islands, Czech Republic, Denmark, Finland, France, Greece, Germany, Hungary, Hong Kong, India, Ireland, Israel, Italy, Jamaica, Japan, Netherlands, New Zealand, Norway, Poland, Slovakia, South Africa, Spain, Sweden, Switzerland, Trinidad & Tobago, United Kingdom, and the United States of America.

## MEDICAL QUESTIONNAIRE

### ELIGIBILITY QUESTIONS FOR PLAN B

	APPLICANT 1		APPLICANT 2	
1. <b>Have you:</b> Had heart bypass or valve surgery before 1998?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
2. <b>Do you:</b> Have BOTH diabetes (for which you require the use of medication) AND a heart condition?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
3. <b>Have you ever:</b> Received an organ transplant?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
4. <b>In the past 2 years, have you:</b> a) been prescribed or taken lasix or furosemide for any condition; b) had congestive heart failure; and/or c) required treatment with oxygen or prednisone (or other oral steroid medication, not including puffers) for a lung condition?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
5. <b>In the past 12 months, have you:</b> a) started treatment for and/or been diagnosed with a heart attack; stroke; Transient Ischemic Attack (TIA); mini-stroke or internal bleeding; b) received chemotherapy or radiotherapy for the treatment of cancer; and/or c) been hospitalized for 24 hours or more for a gastrointestinal disease disorder?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>

If you answered YES to ANY of the PLAN B Eligibility questions, you are **not eligible** to purchase PLAN B.

If you answered "NO" to ALL the PLAN B Eligibility questions, you are **eligible** to purchase PLAN B.

I declare that all the information I have provided on this Medical Questionnaire is true and complete and that I qualify for:

(please circle)				
Applicant 1:	Plan A	Plan B	X _____ Signature	_____ Date Signed
Applicant 2:	Plan A	Plan B	X _____ Signature	_____ Date Signed
X _____ Broker			_____ Broker #	_____ Date Signed