

Visitors to Canada MEDICAL DECLARATION - Version V09

Instructions: a) Complete for any applicant who will be age 55 to 85 on the Effective Date who is applying for the Enhanced Plan. b) 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#:				
ame of Applicants (Last name, first name)		Date of Birth (mm/dd/yy)			
Applicant 1:					
Applicant 2:					
Phone number(s) for contact purposes:					
You are not eligible for coverage under this policy if you: are travelling against the advice of a physician; have been diagnosed with a terminal illness with less than two (2) years to live; have been diagnosed with or received treatment within the last two (2) years for pancreatic, lung, brain, or liver cancer; or any type of cancer that has spread from one part or organ of the body to another (metastatic cancer);	excluding corneal transplan lave a kidney condition requ lave used home oxygen du lpplication; and/or eside in a nursing home, ot ehabilitation centre.	dition requiring dialysis; xygen during the 12 months prior to the date c home, other long term care or			
IEDICAL DECLARATION If unsure how to respond to any question, please consult a physician.		(Circle Yes or No)			
Answer the following questions to determine eligibility for the	Enhanced Plan.	Applic	ant 1	Applic	cant 2
 In relation to any heart or lung condition, shortness of breath, chest pain, stroke or mini-stroke (Transient Ischemic Attack/TIA), have you within the last 12 months: a) been newly diagnosed, b) been prescribed any new medication or any change in dosage, frequency or type of medication, c) had any new or any change in treatment (including investigation or testing), d) been referred to a specialist physician for investigation or testing, or e) been hospitalized or been seen in the emergency department of a hospital? 		Yes	No	Yes	No
 2. Have you: a) had a heart bypass, heart valve surgery or angioplasty more than 10 years ago (use the date of the most recent procedure), or b) been diagnosed with a heart valve disorder but not yet had heart valve surgery? 		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; or b) been admitted to hospital for a gastrointestinal disease or disorder; or c) received treatment (including investigation or testing) for any cancer (except basal or skin cancer)? 	cell and squamous cell	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 (answer No if you are medicated for one but not both of these conditions. Medication prescribed solely for the control of blood pressure is not a medication for a heart condition);
d) any form of nitroglycerin for the relief of angina pain (including on an "as needed" basis)?

Age 55 to 85 If you answer "No" to all questions, you are eligible to purchase the Enhanced Plan. Use Enhanced Plan Rates.

If you answer "Yes" to any question, you are eligible for either the Standard or Basic Plan.

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) Form VMD-1809