

# TRAVEL INSURANCE APPLICATION AGE 60 OR OVER

Effective May 2019



for the Retirees of the  
Bell Group of Companies

Once completed, please send your application to:  
2665 King Ouest, Suite 650, Sherbrooke, QC J1L 2G5  
Cheques should be made payable to RSA.

Call 1-888-299-0620; one of our representatives will be happy to assist you.

Our office hours are 8 a.m. to 8 p.m. from Monday to Friday and 9 a.m. to 5 p.m. on Saturday (ET).

For Sales Agent Use Only			10 05 APM ECA 0519 000
Applicant 1 Policy Number:	Applicant 2 Policy Number:	Date Issued (D/M/Y):	

This Application must be completed prior to the effective date. **ONLY YOU** can complete and sign the Medical Questionnaire, not your spouse or sales agent. Should you need to make a correction to your answers pertaining to the medical questions in this Application, please call your sales agent for instructions.

## A - Personal Information

<b>Applicant 1</b>			
First Name	Last Name	Date of Birth (D/M/Y)	
Bell Group Benefit Plan Identification Number		Expiry Date (D/M/Y) - If Applicable	
<b>Applicant 2</b>			
First Name	Last Name	Date of Birth (D/M/Y)	
Bell Group Benefit Plan Identification Number		Expiry Date (D/M/Y) - If Applicable	
<b>Home Address</b>			
Street	City	Province	
Postal Code	Telephone	E-mail	
<b>Destination Address</b>			
Street	City	Province / State / Country	
Postal / Zip Code	Telephone	E-mail (if different from home e-mail)	
<b>Emergency Contact</b>			
First Name	Last Name	Telephone	

## B - Definitions

Throughout the Medical Questionnaire, defined words are written in italics. Please refer to them as they are important definitions.

- Terminal illness:** means that you have a medical condition that is cause for a physician to estimate that you have less than 6 months to live or for which palliative care has been received.
- Metastatic cancer:** means a cancer that has spread from its original site to one or more other area(s) of the body.
- Treated:** means that you have been hospitalized, have been prescribed medication (including prescribed as needed), have taken or are currently taking medication, or have undergone a medical or surgical procedure. Note that aspirin/entrophen is not considered treatment.
- Stable:** means any medical condition (other than a *minor ailment*) for which all the following statements are true:
  - There has been no new diagnosis, treatment or prescribed medication.
  - There has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type.  
Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (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.)
- Minor ailment:** means any sickness or injury which does not require: the use of medication for a period of greater than 15 days; more than one follow up visit to a physician, hospitalization, surgical intervention or referral to a specialist; and which ends at least 30 consecutive days prior to the departure date of each trip. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.
- Regular check-up:** means any periodic medical examination, unrelated to any specific medical condition or symptom, which is intended to verify *your* general state of health.

## IMPORTANT NOTICE

**Important Notice About Your Health Changes:** If your health changes or does not remain *stable* between the date you complete and submit this Medical Questionnaire and your effective date, you must review the medical questions with your sales agent. If you are no longer eligible, or no longer qualify for the insurance plan you purchased and you fail to contact your sales agent, your claim will be denied, the Insurer will void your policy, and the premium you paid will be refunded. This means no benefits will be covered and you will be responsible for all expenses relating to your sickness or injury, including repatriation costs. If you are purchasing a Multi-Trip Annual Plan and your health changes or does not remain *stable* after the effective date, your medical condition may not be covered (see Pre-Existing Medical Condition Exclusions).

**Important Notice About Your Personal Information:** By submitting this application you agree that Royal & Sun Alliance Insurance Company of Canada ("we", "us") may collect, use and disclose your Personal Information (including to and from your broker, our affiliates and service providers and organizations that may have referred you to us, and professional associations of which you may be a member) for purposes of quoting a premium, policy administration, improving customer experience, administering referral arrangements, and for other lawful purposes described in our Protecting Customer Privacy document. For a copy of this document please see [www.rsatravelinsurance.com](http://www.rsatravelinsurance.com).

I understand that in the event of a claim, the answers I provide herein will be reviewed for accuracy by the Insurer.  
If they are inaccurate in any way, my claim will be denied.

### C - Are you eligible?

#### 1. Please confirm your eligibility to apply for this insurance.

You must meet the following criteria to be eligible for this insurance:

- You must be covered under the Bell group benefit plan.
- You must be a Canadian resident and be covered by the government health insurance plan (GHIP) of your Canadian province or territory of residence for the entire duration of your trip.
- You must NOT be travelling against the advice of a physician or have been diagnosed with a **Terminal illness** or **Metastatic cancer**.
- You must NOT have a **Kidney disease** requiring dialysis.
- You must NOT have been prescribed or used **home oxygen** during the 12 months prior to your date of application.
- You must be at least 15 days old.

#### Additionally, if you are applying for the Non-Medical Single Trip Plan or Non-Medical Multi-Trip Annual Plan:

This insurance must be:

- a) Issued in Canada for travel arrangements booked through a supplier of travel services; and
- b) Purchased prior to the contracted date of departure from your home province or territory of residence or Canada.

Applicant 1	Applicant 2
<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible
<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Not Eligible

If you are eligible and are applying for the Canada Plan, 60 to 79 Vacation Plan, Non-Medical Single Trip Plan or Non-Medical Multi-Trip Annual Plan, you may proceed directly to Section I.

If you are eligible and applying for any other plan, please continue to section D.

### D - Do you require customized Medical Underwriting?

2. Have you had **Heart bypass surgery** or **Heart angioplasty** (including stent placement) more than 12 years ago?  Yes  No
3. Have you ever had a **Bone marrow transplant** or an **Organ transplant** (excluding corneal transplant)?  Yes  No
4. Do you have a surgically unrepaired **Aneurysm** of 4.0 cm or more?  Yes  No
5. In the past 5 years, have you been diagnosed with or *treated* for **Congestive heart failure** or **Cardiomyopathy** or are you currently taking **Lasix**, **Furosemide** or a **water pill** (excluding a water pill taken for high blood pressure only)?  Yes  No

Applicant 1	Applicant 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to ANY question in Section D, please contact your sales agent. Otherwise, continue to Section E.

### E - Do you use tobacco products?

6. In the past 5 years, have you smoked or used any tobacco products?  Yes  No

Applicant 1	Applicant 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to Question 6, a 20% surcharge will apply to your premium. Please continue to Section F.

### F - Which plan do you qualify for?

#### PART 1 - ADVANTAGE OR STANDARD?

7. In the past 10 years, have you been diagnosed with or *treated* for any **Heart condition** or do you currently have a cardiac stent, shunt, pacemaker and/or defibrillator?  Yes  No
8. In the past 5 years, have you been diagnosed with or *treated* for:
  - a) **Diabetes** or **Glucose intolerance** (pre-diabetes)?  Yes  No
  - b) **Stroke** or **Mini-stroke** (CVA/TIA)?  Yes  No
  - c) **Peripheral Vascular Disease** (PVD), **Carotid Artery Stenosis** or any narrowed or blocked artery, excluding coronary artery disease?  Yes  No
  - d) **Lung condition** (such as any prescription for puffers/inhalers), excluding lung cancer, pulmonary embolism or a *minor ailment*?  Yes  No
  - e) **Dementia** or **Alzheimer's disease**?  Yes  No
  - f) **Cancer** (excluding basal or squamous cell skin cancer)?  Yes  No
9. In the past 2 years, have you been diagnosed with or treated for any of the following:  Yes  No
  - **Crohn's disease** or **Ulcerative colitis**?
  - **Gastrointestinal bleeding**, **Bowel obstruction** or have had **Bowel surgery**?
  - **Kidney disease** (including stones), excluding kidney cancer?
  - **Liver disease**, excluding liver cancer?
  - **Gallbladder disease** (including stones), excluding gallbladder cancer? Not applicable if your gallbladder has been removed.
  - **Pancreatitis**?

Applicant 1	Applicant 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered NO to ALL questions in Part 1, please continue to Part 2.

If you have answered YES to ONLY 1 question in Part 1, you qualify for Advantage. If you have answered YES to 2 OR MORE questions in Part 1, you qualify for Standard. Please continue to Section G.

**PART 2 - SUPREME OR ELITE?**

Applicant 1	Applicant 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Has it been more than 24 months since your last **regular check-up** with a physician or a licensed nurse practitioner?
11. In the past 12 months, have you been diagnosed with or *treated* for:
- a) **High blood pressure?**
- b) **High cholesterol?**

**If you have answered NO to ALL questions in Part 2, you qualify for Supreme. If you have answered YES to ANY question in Part 2, you qualify for Elite. Please continue to Section G.**

**G - Qualification Table**

PLEASE INDICATE THE COVERAGE YOU QUALIFY FOR and read the Pre-Existing Medical Condition Exclusions.

You Qualify for	Stability Period	Applicant 1	Applicant 2
Supreme	90 days	<input type="checkbox"/>	<input type="checkbox"/>
Elite	90 days	<input type="checkbox"/>	<input type="checkbox"/>
Advantage	365 days	<input type="checkbox"/>	<input type="checkbox"/>
Standard	365 days	<input type="checkbox"/>	<input type="checkbox"/>

**PRE-EXISTING MEDICAL CONDITION EXCLUSIONS**

**This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:**

- Any sickness, injury or medical condition (other than a *minor ailment*) that was not *stable* at any time during the applicable Stability Period prior to each departure date.
- Your heart condition, if **any** heart condition was not *stable* at any time during the applicable Stability Period prior to each departure date.
- Your lung condition, if:
  - any** lung condition was not *stable*; or
  - you have been *treated* with home oxygen or taken oral steroids (e.g., prednisone) for **any** lung condition; at any time during the applicable Stability Period prior to each departure date.

**H - Agreement, Understanding and Authorization**

You must read and understand the importance of each of the following statements and **sign below**.

- A **PRE-EXISTING MEDICAL CONDITION EXCLUSION** may apply to medical conditions and/or symptoms that existed prior to my trip. I understand that any medical condition I have, including those disclosed in **SECTION F**, will be subject to the Pre-Existing Medical Condition Exclusions. I will refer to my Policy for the full Pre-Existing Medical Condition Exclusion clause.
- Where I was unsure of my medical history as it relates to the medical questions, I have verified it with my physician. I personally provided the answers on this Medical Questionnaire and I warrant that all information disclosed herein is correct and complete. In the event of a claim, I fully understand that the Insurer will review my prior medical history and these answers and, if any of my answers are incorrect or incomplete, the Insurer may void my Policy and my claim will be refused, regardless of whether the incorrect or incomplete answer to any question is related to the cause of my claim or would have rendered me ineligible or resulted solely in a higher applicable premium. I understand that the answers on my Medical Questionnaire are relevant to the risk and constitute the basis of my insurance.
- I understand the necessity of calling Global Excel Management Inc. and obtaining prior approval before seeking medical attention in case of a claim or medical emergency. The toll free telephone number can be found on my Assistance Card and in my Policy. If it is not reasonably possible for me to contact Global Excel Management Inc. before

- seeking treatment due to the nature of my emergency, I must have someone else call on my behalf or I must call as soon as medically possible. Failure to do so limits benefits payable to:
- in the event of hospitalization, 80% of eligible expenses, based on reasonable and customary costs, to a maximum of \$25,000; and
  - in the event of an outpatient medical consultation, a maximum of one visit per sickness or injury.
- I will be responsible for payment of any remaining charges.
- Medical Authorization in Case of a Claim – I understand that Royal & Sun Alliance Insurance Company of Canada and Global Excel Management Inc. may investigate my claim. By signing this Medical Questionnaire, I also hereby direct and authorize any physician, health care practitioner, hospital or other medical care facility, pharmacy, the Ministry of Health or any other person who has attended and examined me or who has knowledge or records of me or my health, to furnish to Royal & Sun Alliance Insurance Company of Canada and to Global Excel Management Inc. any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.
  - I understand that some exclusions may apply and affect my coverage. I will read my Policy for additional details.

			
<b>Applicant 1 Signature</b>	Date of Signature (D/M/Y)	<b>Applicant 2 Signature</b>	Date of Signature (D/M/Y)

# I - Trip Information

Check the applicable Plan and Qualification you are applying for.

## Applicant 1

### PLANS

#### EMERGENCY MEDICAL TRAVEL INSURANCE PLANS

Medical Multi-Trip Annual Plan:

4-Day  9-Day  16-Day  30-Day<sup>1</sup>

Effective Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

Medical Single Trip Plan

60 to 79 Vacation Plan

Canada Plan

Departure Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_ Return Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

#### NON-MEDICAL TRAVEL INSURANCE PLANS

Non-Medical Multi-Trip Annual Plan:

4-Day  9-Day  16-Day  30-Day<sup>1</sup>

Effective Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

Non-Medical Single Trip Plan

Trip Value (to a maximum of \$25,000): \$ \_\_\_\_\_

Departure Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_ Return Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

#### TOP UP

Medical Single Trip Plan – Top Up

Top Up to the Non-Medical Multi-Trip Annual Plan<sup>2</sup>

Departure Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_ Number of Pre-insured days: \_\_\_\_\_

Top Up Effective Date<sup>3</sup> (D/M/Y): \_\_\_/\_\_\_/\_\_\_ Return Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

Name of the other Insurer (if applicable): \_\_\_\_\_

<sup>1</sup> The 30-Day Multi-Trip Annual Plan option is only available to age 79 or under.

<sup>2</sup> The Top Up to the Non-Medical Multi-Trip Annual Plan does not include Trip Cancellation benefits.

<sup>3</sup> The Top Up Effective Date will be the day after your existing coverage terminates.

#### QUALIFICATION (For Medical Questionnaire Applicants only)

Supreme  Elite  Advantage  Standard

#### BELL GROUP BENEFIT PLAN

Do you have travel benefits under your Bell group benefit plan?  Yes  No

If you have travel benefits under your Bell group benefit plan, your deductible applies per person, per year and will be automatically coordinated with your Bell group benefit plan.

If you do not have travel benefits under your Bell group benefit plan, your deductible applies per person, per trip and remains the responsibility of the insured.

#### DEDUCTIBLE OPTIONS

(If choosing the Medical Multi-Trip Annual Plan or Medical Single Trip Plan)

\$0 (+10%)  \$1,000 CAD (0%)  \$5,000 CAD (-25%)

\$10,000 CAD (-35%)  \$25,000 CAD (-50%)

#### TOBACCO USER (For Medical Questionnaire Applicants only)

During the 5 years prior to your application, have you smoked or used any tobacco products?  Yes  No

## Applicant 2

### PLANS

#### EMERGENCY MEDICAL TRAVEL INSURANCE PLANS

Medical Multi-Trip Annual Plan:

4-Day  9-Day  16-Day  30-Day<sup>1</sup>

Effective Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

Medical Single Trip Plan

60 to 79 Vacation Plan

Canada Plan

Departure Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_ Return Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

#### NON-MEDICAL TRAVEL INSURANCE PLANS

Non-Medical Multi-Trip Annual Plan:

4-Day  9-Day  16-Day  30-Day<sup>1</sup>

Effective Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

Non-Medical Single Trip Plan

Trip Value (to a maximum of \$25,000): \$ \_\_\_\_\_

Departure Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_ Return Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

#### TOP UP

Medical Single Trip Plan – Top Up

Top Up to the Non-Medical Multi-Trip Annual Plan<sup>2</sup>

Departure Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_ Number of Pre-insured days: \_\_\_\_\_

Top Up Effective Date<sup>3</sup> (D/M/Y): \_\_\_/\_\_\_/\_\_\_ Return Date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

Name of the other Insurer (if applicable): \_\_\_\_\_

<sup>1</sup> The 30-Day Multi-Trip Annual Plan option is only available to age 79 or under.

<sup>2</sup> The Top Up to the Non-Medical Multi-Trip Annual Plan does not include Trip Cancellation benefits.

<sup>3</sup> The Top Up Effective Date will be the day after your existing coverage terminates.

#### QUALIFICATION (For Medical Questionnaire Applicants only)

Supreme  Elite  Advantage  Standard

#### BELL GROUP BENEFIT PLAN

Do you have travel benefits under your Bell group benefit plan?  Yes  No

If you have travel benefits under your Bell group benefit plan, your deductible applies per person, per year and will be automatically coordinated with your Bell group benefit plan.

If you do not have travel benefits under your Bell group benefit plan, your deductible applies per person, per trip and remains the responsibility of the insured.

#### DEDUCTIBLE OPTIONS

(If choosing the Medical Multi-Trip Annual Plan or Medical Single Trip Plan)

\$0 (+10%)  \$1,000 CAD (0%)  \$5,000 CAD (-25%)

\$10,000 CAD (-35%)  \$25,000 CAD (-50%)

#### TOBACCO USER (For Medical Questionnaire Applicants only)

During the 5 years prior to your application, have you smoked or used any tobacco products?  Yes  No

# J - Premium and Payment

Please complete the Premium Calculation page to determine each Applicant's total premium.

For rates to top up the Non-Medical Multi-Trip Annual Plan, contact your sales agent.

If you are applying for the Canada Plan, 60 to 79 Vacation Plan, Non-Medical Single Trip Plan or Non-Medical Multi-Trip Annual Plan, complete the [Premium Calculation – Plans without Medical Questionnaire](#) page.

If you are applying for all other plans, complete the [Premium Calculation – Plans with Medical Questionnaire](#) page.

Total Premium

\$

Applicant 1

+

\$

Applicant 2

=

\$

TOTAL

Method of Payment

Visa

MasterCard

AMEX

Cheque made payable to RSA

Credit Card Information

Card Number

Expiry Date (M/Y)

Name of Cardholder

Signature of Cardholder

Date Signed (D/M/Y)