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#: _____

Name of Applicants *(Last name, first name)*	**Date of Birth** *(mm/dd/yy)*
Applicant 1:	
Applicant 2:	
Phone number(s) for contact purposes:	

ELIGIBILITY
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);
- have had or are waiting for an organ or bone marrow transplant (excluding corneal transplant);
- have a kidney condition requiring dialysis;
- have used home oxygen during the 12 months prior to the date of application; and/or
- reside in a nursing home, other long term care or rehabilitation centre.

MEDICAL 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.	**Applicant 1**	**Applicant 2**
1. 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 cell and squamous cell skin cancer)?	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)?	Yes No	Yes No

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)