

# Application

## Visitors to Canada

**FOR OFFICE USE ONLY - Policy #** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Agent:** SBIS Web

### Personal Information

First Name(s) \_\_\_\_\_ Last Name(s) \_\_\_\_\_ Date of Birth (D/M/Y) \_\_\_\_\_ Male Female

### Destination Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### Eligibility

- |   |   |                        |
|---|---|------------------------|
| <ol style="list-style-type: none"> <li>1. You know of no reason for which you may seek medical attention.</li> <li>2. You are:                     <ol style="list-style-type: none"> <li>a) A foreign worker, international student studying in Canada or a visitor to Canada with valid legal status in Canada; or,</li> <li>b) An immigrant awaiting provincial or territorial government health care coverage; or,</li> <li>c) A Canadian returning to Canada from an extended leave who is eligible for but not yet covered by a provincial or territorial government health care plan.</li> </ol> </li> <li>3. You are not travelling against a physician or other registered medical practitioner's advice.</li> </ol> | <ol style="list-style-type: none"> <li>4. You have not been diagnosed with a terminal condition.</li> <li>5. You are not receiving palliative care or palliative care has not been recommended.</li> <li>6. You do not have Chronic Obstructive Pulmonary Disease (COPD), including emphysema, requiring home oxygen.</li> <li>7. You do not have pancreatic cancer, liver cancer or any type of cancer that has metastasized or that required a bone marrow transplant.</li> <li>8. You do not have kidney disease requiring dialysis.</li> <li>9. You have not had or are not waiting for an organ transplant.</li> <li>10. You have not been diagnosed with congestive heart failure also known as pulmonary edema.</li> </ol> | <p><b>Eligible</b></p> |
|---|---|------------------------|

### Visit Information

### Coverage Options

Arrival Date (D/M/Y)	Departure Date (D/M/Y)	<b>Please select amount of coverage</b>		
		\$10,000 CAD	\$25,000 CAD	\$50,000 CAD
		\$100,000 CAD	\$200,000 CAD	\$300,000 CAD

Sports & Activity Rider available call for details\*

### Deductible Options

**\$0 Automatic      \$150 CAD      \$500 CAD      \$1,000 CAD      \$2,500 CAD      \$5,000 CAD      \$10,000 CAD**

**All deductibles are in Canadian Dollars**

### Pre-Existing Condition - Stability

59 years and under:	120 day stability period before the effective date of the policy	*Subject to Policy Terms and Conditions
60 to 69 years:	180 day stability period before the effective date of the policy	
70 years and over:	365 day stability period before the effective date of the policy	

### Method of Payment

VISA                      MASTERCARD

Expiry Date: \_\_\_\_\_

### Minimum Premium

The total premium per policy must be \$25 or greater

Card #:

Name on Card:

Please Return to: Special Benefits Insurance Services, 7th Fl-366 Bay St, Toronto ON M5H 4B2

Fax: (1) 416-601-0308 (E) general@sbis.ca

Questions? Contact us at 1-800-667-0429 Monday to Friday 8:45am to 4:45 pm ET

## What do you need to know?

It's important to answer the Medical Questionnaire correctly. If you qualify for the insurance but you or a representative buying insurance on your behalf inaccurately answer any of the Rate Qualification questions, a **\$15,000 CAD** deductible applies to any incident claimed, in addition to any other deductible you may have selected.

At the time of a claim, if the answers are not complete or accurate, coverage won't be provided until you correct your answers and, if applicable, you pay any additional premium that may be required.

**Q. When do you need to complete the Medical Questionnaire?**

**A.** If you are 60 years of age or older, you must answer the Medical Questionnaire to purchase Emergency Medical Insurance.

**Q. Why do you need to complete the Medical Questionnaire?**

**A.** Your answers will determine the premium (cost) of your insurance.

**Q. Does answering the Medical Questionnaire mean you're covered for pre-existing medical conditions?**

**A.** No, it determines the premium of your insurance. Details about Pre-existing Medical Condition coverage are in the policy.

**Q. Can a representative answer the Medical Questionnaire on your behalf?**

**A.** Yes, but you should verify that the answers shown on the policy declaration are complete and accurate. If any of the answers are incorrect on your Medical Questionnaire, please let your agent know.

**Q. What should you do if you don't know how to answer a question?**

**A.** Refer to the "What else do you need to consider?" section. If you're still unsure, talk to your physician for advice before completing the Medical Questionnaire.

## Are you eligible for coverage?

### At the time of application, you are eligible for coverage if:

1. You know of no reason for which you may seek medical attention.
2. You are:
  - a) A foreign worker, international student studying in Canada or a visitor to Canada with valid legal status in Canada; or,
  - b) An immigrant awaiting provincial or territorial government health care coverage; or,
  - c) A Canadian returning to Canada from an extended leave who is eligible for but not yet covered by a provincial or territorial government health care plan.
3. You are not travelling against a physician or other registered medical practitioner's advice.
4. You have not been diagnosed with a terminal condition.
5. You are not receiving palliative care or palliative care has not been recommended.
6. You do not have Chronic Obstructive Pulmonary Disease (COPD), including emphysema, requiring home oxygen.
7. You do not have pancreatic cancer, liver cancer or any type of cancer that has metastasized or that required a bone marrow transplant.
8. You do not have kidney disease requiring dialysis.
9. You have not had or are not waiting for an organ transplant.
10. You have not been diagnosed with congestive heart failure also known as pulmonary edema.

## Rate Qualification Questions

### Applicable to travellers 60 years or older

All words marked with an asterisk (\*) have supporting information available. Refer to the "What else do you need to consider?" section below for details.

#### 1. Have you had any of the following in the last 12 months?

- |   |  |
|---|--|
| <input type="radio"/> Myocardial infarction also known as heart attack                        | <input type="radio"/> Arterial by-pass, angioplasty and/or placement of a stent for a cardiovascular condition |
| <input type="radio"/> Stroke and/or Transient Ischemic Attack (TIA) also known as mini-stroke | <input type="radio"/> None   |

#### 2. Have you had any of these conditions in the last 12 months?

Choose a condition if, in the specified timeframe, you had the condition, whether or not you received any medical care for it. This includes conditions controlled or managed by medication, a medical device, diet or exercise.

- |   |  |
|---|--|
| <input type="radio"/> Atrial fibrillation*  | <input type="radio"/> Chronic Obstructive Pulmonary Disease (COPD), including emphysema, not requiring home oxygen |
| <input type="radio"/> Diabetes requiring insulin  | <input type="radio"/> Asthma   |
| <input type="radio"/> Liver disease, excluding liver cancer   | <input type="radio"/> None   |
| <input type="radio"/> Pneumonia   |  |
| <input type="radio"/> Coronary artery disease (CAD)*  |  |
| <input type="radio"/> Arteriosclerosis and/or atherosclerosis also known as hardening of the arteries |  |

#### 3. In the last 12 months, have you smoked any tobacco products, or vaped any nicotine products (including e-cigarettes)?

- Yes       No

## What else do you need to consider?

The following information is for general reference only. You should consult your physician(s) for more detailed information about medical conditions that may affect you.

### **Atrial fibrillation**

Atrial fibrillation is a type of arrhythmia. Choose this condition if you've been diagnosed specifically with atrial fibrillation and not any other type of arrhythmia or dysrhythmia.

### **Coronary Artery Disease (CAD)**

Coronary Artery Disease can be caused by arteriosclerosis and/or atherosclerosis. If you've been diagnosed with CAD and arteriosclerosis and/or atherosclerosis, choose all these conditions.

### **Experimental treatment**

If you've been diagnosed with a condition and are receiving experimental treatment for it, whether the experimental treatment has been approved by Health Canada or not, choose that condition.

### **Medical study**

If you've been diagnosed with a condition and are participating in a medical study for it, choose that condition.

I confirm that I have answered this Medical Questionnaire accurately as it relates to my health conditions.

\_\_\_\_\_  
Name of Insured/Patient

\_\_\_\_\_  
Policy Number

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date DD | MM | YYYY

