

## What do you need to know?

It's important to answer the COVID-19 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 USD** deductible applies to any incident claimed, in addition to the \$300 USD deductible for the COVID-19 Insurance plan.

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 one of the following plans:

- Single Trip USA COVID-19 Insurance
- Single Trip Worldwide Excluding USA COVID-19 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, we only cover COVID-19 if you received your first positive diagnosis of COVID-19 after you departed on your trip and you did not have any COVID-19 related symptoms before you left.

**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 "Definitions" and the "What else do you need to consider?" sections. 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 have a worldwide or worldwide excluding USA TuGo emergency medical policy in place for the full duration of your COVID-19 Insurance coverage.
2. You are a Canadian resident.
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 have not been diagnosed with COVID-19 on or within the 30 days prior to departure.
7. You have not shown symptoms of COVID-19 on or within the 14 days prior to departure.

## Rate qualification questions

All words in italics have a specific meaning with a corresponding definition. Refer to the “Definitions” section for details.

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

### 1. Have you ever had any of the following?

- Myocardial infarction also known as heart attack
- Stroke or Transient Ischemic Attack (TIA) also known as mini-stroke
- Arterial by-pass
- Angioplasty and/or the placement of a stent for a cardiovascular condition

Yes       No

### 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.

- Aortic aneurysm that is 4cm or larger
- Angina
- Congestive heart failure also known as pulmonary edema
- Coronary Artery Disease (CAD)\*
- Arteriosclerosis and/or atherosclerosis also known as hardening of the arteries
- Atrial fibrillation\*
- Asthma requiring prednisone
- Pneumonia
- Chronic Obstructive Pulmonary Disease (COPD), including emphysema
- Cancer, excluding basal cell and squamous cell skin cancer and/or cancer that is in *remission*
- Diabetes requiring insulin
- Kidney disease
- Hypertension also known as high blood pressure
- *Severe obesity*

Yes       No

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

Yes       No

## Definitions

### Remission

The decrease in or the disappearance of signs and symptoms of cancer and/or the removal of cancer as determined by your physician and noted in your medical records.

Remission can be complete or partial. Complete remission means the disappearance of all signs or symptoms. Partial remission means a decrease in or disappearance of some, but not all, signs and symptoms.

### Severe obesity

A weight-to-height ratio measured by Body Mass Index (BMI) greater than 40. Severe obesity must be diagnosed by a physician or other registered medical practitioner and be recorded in your medical records.

## 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 COVID-19 Medical Questionnaire accurately as it relates to my health conditions.

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

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

**X**

\_\_\_\_\_  
Signature

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

