

Visitors to Canada



Medical Eligibility Questionnaire (MEQ)

TRAVELANCE
YOUR PEACE OF MIND, OUR PROMISE

To determine if you are eligible to purchase the Visitors to Canada Emergency Medical Insurance plan, all of the following questions must be answered. If you are unsure of how to answer any of the questions, please check with your doctor.

	YES	NO
1. Have you been advised against travel by a physician ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a surgically untreated aneurysm?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have or have you ever had:		
i. Pancreatic or liver cancer or Metastatic cancer	<input type="checkbox"/>	<input type="checkbox"/>
ii. A kidney condition requiring dialysis	<input type="checkbox"/>	<input type="checkbox"/>
iii. Congestive Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>
iv. A Bone Marrow or Organ Transplant	<input type="checkbox"/>	<input type="checkbox"/>
v. A Terminal Sickness *	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you currently reside in a nursing home, assisted living home, convalescent home, hospice or rehabilitation centre?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you require assistance with normal daily activities ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you taken (or been prescribed) oral steroids, or used home oxygen to treat a lung condition in the 12 months before your start date ?	<input type="checkbox"/>	<input type="checkbox"/>
7. Please check each condition you have been diagnosed with or treated * for in the 12 months before your start date *. If you answer YES to TWO of the following conditions, you are not eligible:		
i. Coronary Artery Disease, (including heart attack or angina)	<input type="checkbox"/>	<input type="checkbox"/>
ii. Valvular heart disease (including stenosis, regurgitation or valve replacement)	<input type="checkbox"/>	<input type="checkbox"/>
iii. Heart arrhythmia (including atrial flutter, atrial fibrillation, ventricular fibrillation or use of a pacemaker)	<input type="checkbox"/>	<input type="checkbox"/>
iv. A lung or respiratory condition for which daily medication has been prescribed (including inhalers)	<input type="checkbox"/>	<input type="checkbox"/>
v. Diabetes requiring insulin	<input type="checkbox"/>	<input type="checkbox"/>
vi. Stroke or mini-stroke	<input type="checkbox"/>	<input type="checkbox"/>
vii. Aneurysm	<input type="checkbox"/>	<input type="checkbox"/>
viii. Blood clots	<input type="checkbox"/>	<input type="checkbox"/>
ix. Gastro-intestinal bleed	<input type="checkbox"/>	<input type="checkbox"/>
8. If you answered YES to ONE of the above conditions: Were you admitted to the hospital * for this condition in the 12 months before your start date ?	<input type="checkbox"/>	<input type="checkbox"/>

* See policy for definition

Declaration

By typing your name below, you declare that the information given is accurate. If you were unsure about the medical information needed for a question, you have checked with your doctor. You understand that if you have provided incorrect information, the underwriter – Old Republic Insurance Company of Canada will void the policy and cancel all coverage. You also understand that if prior to your start date, your health changes and you no longer meet the eligibility requirements listed, you must send a written request for refund.

Your Name: _____ Date: (dd-mmm-yyyy) __ / ___ / ____

Note: Submitting a complete 'Medical Eligibility Questionnaire' does not guarantee coverage. Once reviewed, a Travelance broker or representative will contact you to issue the policy and send the policy documents to you.