



**Visitors to Canada Insurance**  
**MEDICAL DECLARATION – Version V05**  
 (age 60 or over on Effective Date)

**Instructions:** a) Complete for any applicant age 60 to 85 who is applying for the Stable Chronic Condition Option.  
 b) Complete for all applicants age 86 or over.  
 c) Agent must fax to 1-866-285-5727 or mail to 21<sup>st</sup> Century within 3 business days of making sale.

Agency Name NOI Insurance & Risk Agent Code 000110  
 Policy Number (if already issued on TIPS system) \_\_\_\_\_ Agent Ph #: 1-877-541-1117 \_\_\_\_\_

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

**MEDICAL DECLARATION** - Not required if under age 60 or if waiving the Stable Chronic Condition coverage Option **(Circle Yes or No)**

Answer the following questions to determine eligibility.	Applicant 1	Applicant 2
1 Within the past <b>24 months</b> have you had any of the following: a) a heart attack or congestive heart failure; b) an organ or bone marrow transplant (excluding corneal transplant); c) diagnosis or monitoring of, or treatment for a heart valve disorder; or d) diagnosis or monitoring of, or treatment for a lung condition ( <i>excluding</i> asthma)?	Yes No	Yes No
2 Within the past <b>12 months</b> have you been diagnosed with, been hospitalized for, taken or been prescribed medication for stroke, mini-stroke, or Transient Ischemic Attack (TIA)?	Yes No	Yes No
3 Within the past <b>12 months</b> have you taken or been prescribed any of the following: a) Lasix or furosemide or home oxygen for any reason, b) prednisone for any lung condition ( <i>including</i> asthma), or c) medication s for <b>both</b> diabetes <b>and</b> a heart condition (medication prescribed <b>solely</b> for the control of blood pressure does not count as a medication for a heart condition)?	Yes No	Yes No
4 Within the past <b>6 months</b> have you consulted a doctor or used any prescribed medication for any shortness of breath or chest pain, or used any form of nitroglycerin?	Yes No	Yes No

**If unsure how to respond to any question, please consult a physician.**

**Age 60 to 85** If you answer “No” to all questions, you are eligible to purchase the “Stable Chronic Condition” coverage option. Use Table 1 Rates. (If “Yes” responses or if waiving the “Stable Chronic Condition” coverage option, DO NOT submit this form, and use Table 2 Rates. Claims arising from “Stable Chronic Conditions” will not be paid.)

**Age 86 or over** If you answer “No” to all the questions, you are eligible to purchase this insurance. Claims arising from “Stable Chronic Conditions” will not be paid. You are not eligible to purchase any coverage if you have any “Yes” responses.

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 any 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 Financial, its agents, third party administrators or its legal representatives may investigate any 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 Financial and its reinsures, any such information for the purpose of this application, contract and any subsequent claim.

**MUST be signed by the applicant or sponsor:**

	Applicant/Sponsor Signature	Name of Applicant/Sponsor (Print)	Date (mm/dd/yy)
Applicant 1			
Applicant 2			

The 21<sup>st</sup> Century Travel Insurance (o/a 21<sup>st</sup> Century Travel Insurance Services in British Columbia) Visitors to Canada Insurance plan is underwritten by The Manufacturers Life Insurance Company (Manulife Financial).