

**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 <b>12 months</b> : 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 <b>12 months</b> 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 <b>12 months</b> 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 <b>both</b> diabetes <u>and</u> a heart condition (answer <b>No</b> 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