Medical Health Questionnaire

TuGo® Travel Insurance
Traveller

Multi Trip Annual Worldwide Medical | Single Trip Worldwide Medical | Single Trip Excluding USA Medical

Name of insured/patient _____ Policy Number _____

Applicants 60 years and over must answer the following questions to determine their rate.

If you have any doubt about your medical condition(s) as it relates to the following questions, you should consult your physician for advice before completing this medical health questionnaire.

Questions

1. At the time of application, how many **medications*** in total do you take or have you been ordered to take by a physician, to treat one or more of the following medical conditions:
   - Lung conditions/disease (include asthma)
   - Diabetes
   - Heart conditions/disease (do not include aspirin, hypertension (high blood pressure) or high cholesterol medications)

○ 3 or more medications	You are eligible for rate category 6
○ 2 medications	You are eligible for rate category 5
○ 1 medication	Please proceed to question 2
○ None	Please proceed to question 2

2. Within the 24 months prior to the date of application, have you had a heart attack, stroke and/or transient ischemic attack (mini-stroke, TIA)?

○ Yes	You are eligible for rate category 5
○ No	Please proceed to question 3

3. At the time of application, how many of the following **medical conditions** are you receiving treatment for?

   Treatment includes medication* that you take or have been ordered to take by a physician.

   - Heart conditions/disease (include aspirin)
   - Lung conditions/disease (include asthma)
   - Diabetes (controlled by medication or diet)
   - Hypertension
   - Diverticulitis
   - Bowel obstruction
   - Peptic ulcer
   - GERD (gastro-esophageal reflux disease)
   - Kidney infections
   - Kidney stones
   - Kidney failure
   - Cancer

○ 2 or more medical conditions	You are eligible for rate category 4
○ 1 medical condition	You are eligible for rate category 3
○ None	Please proceed to question 4

4. At the time of application, do you have **any medical conditions** that were not listed in the previous questions for which you are currently receiving treatment?

   Treatment includes medication* that you take or have been ordered to take by a physician, not including a minor ailment.

   Minor ailment means a condition which does not require:
   a) Treatment for a period of greater than 30 consecutive days; or,
   b) More than one follow-up visit or referral visit to a physician or other registered medical practitioner; or,
   c) Hospitalization or surgical intervention.

○ Yes	You are eligible for rate category 2
○ No	Please proceed to question 5

5. Have you used any tobacco products in the past 12 months?

○ Yes	You are eligible for rate category 2
○ No	You are eligible for rate category 1

***Medication(s)** includes medication that requires a prescription from a physician or other registered medical practitioner and medication purchased over the counter as per the physician's advice or other registered medical practitioner's advice.

I understand that the medical conditions disclosed on this application may not be covered. Details related to pre-existing conditions coverage are set out in the Policy booklet.

If you qualify for the coverage selected but you or a representative purchasing insurance on your behalf have failed to answer truthfully and accurately any question asked in the medical health questionnaire at the time of the application, any claim will be subject to an extra deductible of $15,000 USD in addition to any other applicable deductible amount and no future coverage will be provided under this Policy unless you pay any additional premium reflecting true and accurate answers to those questions.

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

X _____ DD | MM | YYYY
SIGNATURE DATE

Clear Form

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