

Client name:

Contract No:

**Applicable:** to persons purchasing the **Emergency Medical Care** and/or **Trip Cancellation or Interruption** coverage

**Age/Duration:** 0-54, any duration

**Important:** Any incomplete, erroneous or inaccurate statement shall render the travel insurance contract **NULL** and **VOID** in its entirety. The policyholder has been informed and states understanding the mentioned clause(s). . . . .  Yes  No

**General Eligibility** **Answer**

Each applicant confirms holding government health/hospital insurance from his/her province of residence. . . . .  Yes  No

**Section 1: Notice Regarding Pre-existing Medical Conditions**

Under the **Emergency Medical Care** coverage, for an existing illness, injury or health issue to be covered during a trip, the pre-existing medical condition must be stable during the **3 months** prior to the departure date.

For a pre-existing medical condition to be considered stable, it must meet all the following criteria:

1. No new medical diagnosis has been made
2. No new symptoms appeared and there was no worsening or increase in the frequency of existing symptoms
3. No hospitalization has taken place
4. No new medication was prescribed or recommended
5. No change of dosage was made to a medication already prescribed or recommended (dose increased or decreased, or consumption stopped)<sup>†</sup>
6. No new treatment or medical test is pending or has been prescribed, ongoing or recommended
7. No ongoing treatment has been changed or discontinued
8. No prescribed or recommended treatment, nor medical advice has been ignored
9. Not have required the use of nitroglycerin more than once in a 7-day period for the relief of chest pains related to a heart condition
10. Not have required home oxygen treatments or corticosteroid therapy related to a pulmonary condition

Regarding the **Trip Cancellation or Interruption** coverage, pre-existing medical conditions must be stable during the **3 months** prior to the effective date of coverage.

**Warning! Unstable medical conditions are not covered by the insurance.**

The policyholder has been informed and states understanding the mentioned clause(s). . . . .  Yes  No

**Section 2: Annual Details**

We must also inform you that exclusions relating to pre-existing medical conditions apply:

**Emergency Medical Care** coverage: Before each departure.

**Trip Cancellation or Interruption** coverage: Before the purchase date of the insurance or before the first non-refundable prepayment made for a new trip.

The policyholder has been informed and states understanding the mentioned clause(s). . . . .  Yes  No

**Consent related to your personal information**

By signing below, you confirm that you have read and understood our Privacy Policy available on our website. In order to process your submission, you understand that we will process your personal information in accordance with the terms of this Privacy Policy. Your personal information may be communicated to our reinsurers and to any professional or organization mandated by Blue Cross to verify your eligibility, which third parties may be located outside your province of residence. Provided this submission is accepted, further details on how we process your personal information will be detailed in your Blue Cross travel insurance policy.

Client signature:

Date:

Telephone sale  Yes  No

Agent name:

Date:

Time:

**† We do not consider the following elements as a change of dosage of existing medication:**

- Routine insulin or Coumadin® adjustment
- Adjustment to a hormone replacement therapy treatment
- Replacement of a medication by an equivalent generic brand if its dosage remains unchanged
- Change in consumption of non-prescribed medication such as: Aspirin®, vitamins, minerals, etc.
- Decrease in dosage of cholesterol medication
- Use of cream or ointment prescribed for skin irritation