

INSURANCE APPLICANT - IMPORTANT PLEASE NOTE

You must complete this *medical questionnaire* at the time of *insurance application* and policy issuance by completing **ALL** required questions as follows:

- | | |
|-------------------------------|---|
| HealthSelect® Coverage | - To qualify, <i>you</i> must: <ul style="list-style-type: none">• Complete all questions in Section 1 and have a SCORE of 0.• Complete all questions in Section 2 and have a SCORE of 0. |
| Gold Coverage | - To qualify, <i>you</i> must: <ul style="list-style-type: none">• Complete all questions in Section 1 and have a SCORE of 0.• Complete all questions in Section 2 and have a SCORE of 1 or 2. |
| Silver Plus Coverage | - To qualify, <i>you</i> must: <ul style="list-style-type: none">• Complete all questions in Section 1 and have a SCORE of 0.• Complete all questions in Section 2 and have a SCORE of 3 or 4. |
| Silver Coverage | - To qualify, <i>you</i> must: <ul style="list-style-type: none">• Complete all questions in Section 1 and have a SCORE of 0.• Complete all questions in Section 2 and have a SCORE between 5 and 49. |
| Bronze Coverage | - To qualify, <i>you</i> must: <ul style="list-style-type: none">• Complete all questions in Section 1 and have a SCORE greater than 100, OR• SCORE 50 or 100 and have chosen not to call for special underwriting, OR• Be purchasing TravelCare Package Single Trip, ages 75-84 and have chosen not to complete this <i>medical questionnaire</i>. |

- Regardless of the coverage *you* qualify for, *you* must complete Section 3 before a policy can be issued.
- **Only *you*** (the applicant) can complete and sign this *medical questionnaire* - NOT *YOUR AGENT*.
- It is *your* obligation to ensure all answers provided in this *medical questionnaire* are correct.
- If any portion of the *medical questionnaire* is unclear to *you*, or if *you* have any doubt about *your medical condition* as it relates to the questions asked, we strongly recommend that *you* bring this form to *your* doctor for advice.
As an alternative, *you* can call Assured Assistance Inc. at any time at 1-800-387-2487 (toll-free) or (905) 816-2561 (collect or local call).

PLEASE REMEMBER

All of the answers to the *medical questionnaire* are important.

Any policy issued to *you* based on the answers given in this *medical questionnaire* is **voidable** if such answers are not correct.

Please review "Your Privacy Matters to Us" on page 2 of *your* travel insurance policy or call us at 1-800-263-8944.

AGENT - IMPORTANT PLEASE NOTE

- The agent must **NOT** answer any of the medical questions.
- You must:
 - Complete the section marked "AGENT TO COMPLETE:" under Section 3.
 - Staple the bottom copy of the *medical questionnaire* to the policy.
 - Agents outside Quebec, keep the completed original *medical questionnaire* for 365 days from:
 - The scheduled *return date* under any single trip plan; or
 - The *expiry date* under any annual plan.
 - Agents in Quebec:
 - Forward the completed original *medical questionnaire* to *our* Quebec Regional Office at:
RBC Travel Insurance Company, P.O. Box 11472, Station Centre Ville, Montreal, Quebec H3C 5N2.
 - You are responsible for providing a client with a copy of the distribution guide prior to the sale of insurance and explaining the guarantees and exclusions.
- Do not accept this questionnaire unless all applicable sections are completed.

The terms written in *italics* in the *medical questionnaire* are defined in the policy.

AUGUST 2005

TravelCare Medical Questionnaire

You must answer ALL questions correctly or there is no coverage for ANY condition

SECTION 1		NO	YES	
1	Have you EVER been diagnosed with, taken or been prescribed medication for ANY 2 of the following: diabetes, stroke, ANY heart condition?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 50 _____
2	Was your FIRST heart bypass surgery more than 10 years ago? (If you have never had heart bypass surgery OR you had heart bypass surgery less than 10 years ago, answer NO)	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 50 _____
3	In the last 12 months , have you experienced new or more severe symptoms or been hospitalized or had a change in medication for ANY heart condition? (change in medication means a start, stop, increase or decrease in the dosage or frequency you take of ANY medication).	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 50 _____
4	In the past 12 months , have you used or been prescribed home oxygen for ANY medical condition ?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 150 _____
My SCORE in Section 1 is =				<input style="width: 100px;" type="text"/>

If your TOTAL SCORE in Section 1 is:
0 Complete Section 2.
50 or 100 You may call us at 1-866-530-8134 to complete our individual underwriting to determine if you qualify for TravelCare Silver coverage. If you do not contact us, you qualify for TravelCare Bronze coverage. Please go directly to Section 3. (You do not need to complete Section 2)
Greater than 100... You qualify for TravelCare Bronze coverage. Please go directly to Section 3. (You do not need to complete Section 2)

SECTION 2		NO	YES	
1	In the past 24 months (2 years) , have you used ANY tobacco product?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 1 _____
2	Was your last regular check-up with a physician more than 18 months ago?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 1 _____
3	Are you CURRENTLY taking medication or have you been prescribed medication to treat or prevent high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 1 _____
4	Have you EVER been diagnosed with or taken or been prescribed medication for ANY heart condition? (Does not include extra beats or palpitations for which you have not taken medication or received treatment)	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 4 _____
5	In the past 12 months , have you taken or been prescribed prednisone or other oral steroids for more than 7 days OR been admitted to hospital for ANY lung condition?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 5 _____
6	In the past 12 months , have you had ANY lung condition that required more than 10 days of treatment with antibiotics or puffers? (If you had to take antibiotics more than once OR are prescribed puffers on an ongoing basis to prevent and/or treat ANY lung condition you must answer YES to this question)	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 5 _____
7	At ANY time during the past 12 months , have you been diagnosed with or have you taken or been prescribed medication or received treatment for:			
a)	a stroke or mini stroke (TIA or transient ischemic attack)?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 4 _____
b)	diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 3 _____
c)	liver disorder?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 4 _____
d)	kidney or renal failure?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 3 _____
e)	peripheral vascular disease?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 3 _____
f)	gastrointestinal bleeding, crohn's disease, ulcerative colitis and/or obstruction of the bowel (excluding haemorrhoids)?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 5 _____
g)	cancer (except basal cell and squamous cell skin cancer)?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 3 _____
h)	arthritis and/or osteoporosis (if you do not take prescription medication for these conditions you can answer NO)?	<input type="checkbox"/>	<input type="checkbox"/>	If NO, score 0 If YES, score 1 _____
My SCORE in Section 2 is =				<input style="width: 100px;" type="text"/>

SECTION 3	Please initial beside the TravelCare coverage that you qualify for and sign and date the bottom of the form.
I have correctly answered NO to ALL questions in Section 1 and My SCORE in Section 2 is = 0 . I qualify for TravelCare - HealthSelect and I am subject to all General Exclusions outlined in the policy.	_____ HealthSelect
I have correctly answered NO to ALL questions in Section 1 and My SCORE in Section 2 is = 1 or 2 . I qualify for TravelCare - Gold and I am subject to <u>Exclusion 1</u> on the reverse and all General Exclusions outlined in the policy.	_____ Gold
I have correctly answered NO to ALL questions in Section 1 and My SCORE in Section 2 is = 3 or 4 . I qualify for TravelCare - Silver Plus and I am subject to <u>Exclusion 2</u> on the reverse and all General Exclusions outlined in the policy.	_____ Silver Plus
I have correctly answered NO to all questions in Section 1 and My SCORE in Section 2 is = between 5 and 49 . I qualify for TravelCare - Silver and I am subject to <u>Exclusion 2</u> on the reverse and all General Exclusions outlined in the policy.	_____ Silver
I have correctly answered all questions in Section 1 and My SCORE in Section 1 is = greater than 100 OR My SCORE is = 50 or 100 and I have chosen not to call for special underwriting OR I have chosen not to complete this medical questionnaire. I qualify for TravelCare - Bronze and I am subject to <u>Exclusion 3</u> on the reverse and all General Exclusions outlined in the policy.	_____ Bronze

I have read the above. I understand it and declare that all answers to this medical questionnaire are correct. I acknowledge that any policy that is issued to me on the basis of the answers given on this form will be voidable if any answer given herein or my total score is not correct. I agree and require that this and all related documents be drawn up in the English language. (Je suis d'accord et demande que ce contrat et tout document y afférent soient rédigés en langue anglaise.) I declare that I qualify for the coverage that I have initialed and signed and understand that, in addition to all other applicable terms of coverage, the pre-existing exclusion (outlined on the reverse) applies to me as initialed and signed.

Only you (the applicant) can complete and sign the medical questionnaire.

Signature _____ Date Completed _____ Date of Birth _____

Agent to Complete:

Policy Number _____ Agency Name _____ Agency Phone Number _____

GOLD COVERAGE EXCLUSION 1

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition, if at any time in the 90 days before *you* depart on *your trip*, *your medical condition* or related condition has not been *stable*.
- 2 *Your heart condition*, if at any time in the 90 days before *you* depart on *your trip*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 *Your lung condition*, if at any time in the 90 days before *you* depart on *your trip*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

SILVER PLUS COVERAGE SILVER COVERAGE EXCLUSION 2

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition, if at any time in the 180 days before *you* depart on *your trip*, *your medical condition* or related condition has not been *stable*.
- 2 *Your heart condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 *Your lung condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

BRONZE COVERAGE EXCLUSION 3

Regardless whether a *medical condition* has been *stable* or has not been *stable*, this insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition, if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for that *medical condition* or related condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, that *medical condition* or related condition.
- 2 *Your heart condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for any heart condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, any heart condition.
- 3 *Your lung condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for any lung condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, any lung condition.

DEFINITION: (Applies to Pre-Existing Exclusions 1 & 2)

Stable - any *medical condition* or related condition (including any heart condition or any lung condition) for which there have been:

- no new treatment or new prescribed medication; and
- no change in treatment or change in prescribed medication (including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type); and
- no new symptom, more frequent symptom or more severe symptom experienced; and
- no new test results or test results showing a deterioration; and
- no investigations initiated for *your* symptoms, whether or not *your* diagnosis has been determined; and
- no hospitalization or referral to a specialist (made or recommended) or the results of further investigations recommended and not yet completed,

for that *medical condition* or related condition (including any heart condition or any lung condition).

YOUR PRIVACY MATTERS TO US

RBC Travel Insurance Company is concerned with maintaining accuracy, confidentiality, and security of customer information. We hold ourselves to the highest standards in the protection of privacy.

"Your Privacy Matters to Us" (page 2 of *your* travel insurance policy) outlines how we collect, use and disclose *your* information. If *you* have any further questions or would like to access *your* personal information, please write to us at the address provided in *your* travel insurance policy or call us at 1-800-263-8944.