Visitors to Canada

Medical Eligibility Questionnaire (MEQ)

TRAVELANCE
YOUR PEACE OF MIND, OUR PROMISE

To determine if you are eligible to purchase the Visitors to Canada Emergency Medical Insurance plan, all of the following questions must be answered. If you are unsure of how to answer any of the questions, please check with your doctor.

		YES	NO
1.	Have you been advised against travel by a **physician***?	☐	☐
2.	Do you have a surgically untreated aneurysm?	☐	☐
3.	Do you have or have you ever had:		
	i. Pancreatic or liver cancer or Metastatic cancer	☐	☐
	ii. A kidney condition requiring dialysis	☐	☐
	iii. Congestive Heart Failure	☐	☐
	iv. A Bone Marrow or Organ Transplant	☐	☐
	v. A **Terminal Sickness***	☐	☐
4.	Do you currently reside in a nursing home, assisted living home, convalescent home, hospice or rehabilitation centre?	☐	☐
5.	Do you require assistance with **normal daily activities***?	☐	☐
6.	Have you taken (or been prescribed) oral steroids, or used home oxygen to treat a lung condition in the 12 months before your **start date***?	☐	☐
7.	Please check each condition you have been diagnosed with or **treated*** for in the 12 months before your **start date***. If you answer YES to TWO of the following conditions, you are not eligible:		
	i. Coronary Artery Disease, (including heart attack or angina)	☐	☐
	ii. Valvular heart disease (including stenosis, regurgitation or valve replacement)	☐	☐
	iii. Heart arrhythmia (including atrial flutter, atrial fibrillation, ventricular fibrillation or use of a pacemaker)	☐	☐
	iv. A lung or respiratory condition for which daily medication has been prescribed (including inhalers)	☐	☐
	v. Diabetes requiring insulin	☐	☐
	vi. Stroke or mini-stroke	☐	☐
	vii. Aneurysm	☐	☐
	viii. Blood clots	☐	☐
	ix. Gastro-intestinal bleed	☐	☐
8.	If you answered YES to ONE of the above conditions: Were you admitted to the **hospital*** for this condition in the 12 months before your **start date***?	☐	☐

* See policy for definition

Declaration

By typing your name below, you declare that the information given is accurate. If you were unsure about the medical information needed for a question, you have checked with your doctor. You understand that if you have provided incorrect information, the underwriter – Old Republic Insurance Company of Canada will void the policy and cancel all coverage. You also understand that if prior to your start date, your health changes and you no longer meet the eligibility requirements listed, you must send a written request for refund.

Your Name: _____ Date: (dd-mmm-yyyy) _____

Note: Submitting a complete 'Medical Eligibility Questionnaire' does not guarantee coverage. Once reviewed, a Travelance broker or representative will contact you to issue the policy and send the policy documents to you.