

# 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 - 89 years must answer the following questions to determine rate.

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

1. At the time of application, how many medications\*\* in total do you take or have you been ordered to take by a physician for one or more of the following medical conditions:

- Heart conditions/disease (include aspirin, but exclude medication\*\* taken for hypertension or high cholesterol)
- Lung conditions (including asthma)
- Diabetes

|   |                                      |
|---|--------------------------------------|
| <input type="radio"/> 3 or more medications | You are eligible for rate category 6 |
| <input type="radio"/> 2 medications         | You are eligible for rate category 5 |
| <input type="radio"/> 1 medication          | Please proceed to question 2         |
| <input type="radio"/> 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)?

|                           |                                      |
|---------------------------|--------------------------------------|
| <input type="radio"/> Yes | You are eligible for rate category 5 |
| <input type="radio"/> 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 (including 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

|  |                                      |
|--|--------------------------------------|
| <input type="radio"/> 2 or more medical conditions | You are eligible for rate category 4 |
| <input type="radio"/> 1 medical condition          | You are eligible for rate category 3 |
| <input type="radio"/> None                         | Please proceed to question 4         |

4. Have you ever been diagnosed with ANY medical conditions that are not listed in the previous questions, for which you currently receive 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 the use of medication for a period of greater than 30 days, which did not require follow-up or referral visit to a physician, or other registered medical practitioner or which did not require hospitalization or surgical intervention.

|                           |                                      |
|---------------------------|--------------------------------------|
| <input type="radio"/> Yes | You are eligible for rate category 2 |
| <input type="radio"/> No  | Please proceed to question 5         |

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

|                           |                                      |
|---------------------------|--------------------------------------|
| <input type="radio"/> Yes | You are eligible for rate category 2 |
| <input type="radio"/> 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.

\*\*\* If you qualify for the coverage selected but fail to answer truthfully and accurately any question asked in the Medical Health Questionnaire or 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 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.

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

\_\_\_\_\_  
X SIGNATURE

DD | MM | YYYY  
\_\_\_\_\_  
DATE



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