

# 21st Century Visitors to Canada Insurance – Special Consideration Form

**FAX TO 21st Century Travel Insurance at 1-866-255-0155. Must be approved BEFORE selling policy. Allow 2 business days for response.**

*COMPLETE A SEPARATE FORM FOR EACH APPLICANT AND OBTAIN FAXED APPROVAL PRIOR TO SELLING POLICY. A COPY OF THIS COMPLETED FORM MUST BE ATTACHED TO THE PAPER APPLICATION. FOR ELECTRONIC APPLICATIONS (TIPS WEBSITE) THE AGENT MUST FAX THE COMPLETED FORM TO 21ST CENTURY AND RETAIN THE ORIGINAL. THE ORIGINAL WILL HAVE TO BE PRODUCED IN THE EVENT OF A CLAIM.*

**Please check  one – This form is being submitted for approval because:**

- I am requesting that the Waiting Period be waived when my policy takes effect; and,
  - a) I have coverage with another insurer during the first part of my trip; and,
  - b) I am purchasing this insurance after my Arrival Date; and,
  - c) there will be no gap in my coverage. (**ATTACH PROOF THAT OTHER COVERAGE WILL BE IN FORCE UNTIL OUR INSURANCE STARTS**)
- Other (Please describe) \_\_\_\_\_

DATE:   /  /   AGENT: \_\_\_\_\_ AGENT CODE: \_\_\_\_\_ FAX #: \_\_\_\_\_

<b>Name of Applicant</b>		<b>Date of Birth M/D/Y</b>	<b>Arrival Date</b>
Last _____	First _____		
<b>Insurance Coverage Requested</b>		<b>List other insurance during this visit? Company/Policy #</b>	
<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000		Effective Date _____	# of Days _____
Has Visitors insurance been refused by any other company?   No <input type="checkbox"/> Yes <input type="checkbox"/> Why? _____			

**Please list the names of all physicians that you have consulted or been attended by in the last 3 months**

Date	Name of Physician	Reason

**Please list all the chronic (long-term or repetitive) conditions that you have**

Condition	Date First Diagnosed	Treatment

**Please list all the medications you have taken in the last 3 months**

Name of Medication	Dosage	Date First Prescribed

**Please list all changes in medications (including dosage) in the past 6 months**

Change in Medication	Reason for Change	Date Changed

**Please list any symptoms you have experienced and/or consulted a doctor for within the last 7 days**

Description of Symptom	Treatment Received	Current Status

**Please list all hospitalizations within the past 12 months**

Reason for Hospitalization	Date	Surgery Performed or Treatment Received

I declare that the information provided on this form is true and accurate, and understand that such information is used to determine my eligibility for waiver applied for. I fully understand that any untrue or incorrect information shall render this application null and void. I understand Manulife Financial, its agents, third party administrators or its legal representatives may investigate any claim. I authorize any hospital, "Physician" or their medical service provider, or any other organization or person that has any records or knowledge of me/us and my/our health to release to third party administrators, and Manulife Financial and its reinsurers, any such information for the purpose of this application and contract and any subsequent claim. I authorize 21st Century Travel Insurance Ltd and/or Manulife Financial to consult their existing files for the purpose of this application.

\_\_\_\_\_  
Signature of Applicant/Sponsor

\_\_\_\_\_  
Name of Applicant/Sponsor (please print)

*Completion of this Special Eligibility Questionnaire determines eligibility for coverage only and does **NOT** guarantee payment of benefits under the Visitors to Canada Insurance Policy for conditions disclosed herein. Applicants Age 70 or over will still have to complete a Medical Declaration if this form is approved. Please refer to the Visitors to Canada Health Insurance Policy for a description of terms, conditions, limitations and exclusions. Please note that at the request of 21st Century Travel Insurance Limited and/or Manulife Financial you must provide medical records for any claim submitted under the Visitors to Canada Health Insurance Program. Please read the policy carefully.*

To be completed by Head Office

- Waiting Period Waived**      **OR**       **Waiting Period Applies for Sickness:**       7 days       15 days       72 Hours

Signature \_\_\_\_\_ Date \_\_\_\_\_  
21ST CENTURY TRAVEL INSURANCE LIMITED