GMS

TRAVELSTAR® TRAVEL INSURANCE
Medical Questions

You must be a Canadian resident in order to purchase TravelStar Travel insurance. Plans are not available in Quebec and New Brunswick.

A. Eligibility for Emergency Medical Coverage

You ("you" refers to any person listed on this application) are NOT eligible for coverage if you answer yes to any of the following questions.	**Applicant 1**	**Applicant 2**
1. Are you awaiting tests or medical treatment for a heart condition?	❑ Yes ❑ No	❑ Yes ❑ No
2. Do you have a surgically untreated vascular aneurysm?	❑ Yes ❑ No	❑ Yes ❑ No
3. Have you been diagnosed with a congestive heart failure (CHF)?	❑ Yes ❑ No	❑ Yes ❑ No
4. Do you have an implantable cardioverter defibrillator (ICD)?	❑ Yes ❑ No	❑ Yes ❑ No
5. Were you diagnosed; did you receive new medical treatment (e.g. consultation, tests or prescription drugs); or had a change in your medical treatment (e.g. a stop, start or dosage change to a prescription drug, other than a dosage change of Coumadin or Warfarin) for any of the following heart or vascular conditions in the last twelve (12) months? a) heart transplant; d) peripheral vascular disease; b) atrial flutter; e) stroke/TIA; or c) atrial/ventricular fibrillation; f) blood clots;	❑ Yes ❑ No	❑ Yes ❑ No
6. Do you have diabetes that is treated with insulin AND take prescription medication for a heart condition (excluding medication to treat high cholesterol or high blood pressure)?	❑ Yes ❑ No	❑ Yes ❑ No
7. Do you use home oxygen or take an oral steroid to treat a lung condition?	❑ Yes ❑ No	❑ Yes ❑ No
8. Are you currently being treated for cancer, excluding breast or prostate cancer treated exclusively with hormone therapy?	❑ Yes ❑ No	❑ Yes ❑ No
9. Were you diagnosed; did you receive new medical treatment (e.g. consultation, tests or prescription drugs); or had a change in your medical treatment (e.g. a stop, start or dosage change to a prescription drug) for, any of the following conditions in the last twelve (12) months? a) liver failure; b) AIDS; or c) GI bleed; d) terminal illness;	❑ Yes ❑ No	❑ Yes ❑ No
10. Have you had any of the following procedures in the last twelve (12) months? a) valve surgery or replacement; b) kidney dialysis; or c) organ, stem cell or bone marrow transplant;	❑ Yes ❑ No	❑ Yes ❑ No
11. Are you seventy (70) years of age or older and require assistance from another person(s) with activities of daily living (ADL)?	❑ Yes ❑ No	❑ Yes ❑ No

B. Medical Questionnaire *(This section is ONLY for applicants age 60 and over)*

	Applicant 1	**Applicant 2**
1. Have you ever suffered from, been diagnosed with, received treatment for, or been prescribed drugs for any of the following medical conditions, or undergone any of the following medical procedures:	*If answering "YES", please indicate the specific condition(s) on the left.*	
a) ❑ Heart/Cardiovascular Disease or Condition, ❑ Heart Attack, ❑ Angina, ❑ Irregular Heartbeat, ❑ Heart Surgery, ❑ Coronary Angioplasty, ❑ Stenting, ❑ Bypass, ❑ Valve Replacement or Valve Surgery	❑ Yes ❑ No	❑ Yes ❑ No
b) ❑ Stroke/TIA, ❑ Blood Clots, ❑ Aneurysm, ❑ Peripheral Vascular Disease, ❑ Carotid Stenosis	❑ Yes ❑ No	❑ Yes ❑ No
c) Chronic Lung Disease (e.g. Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Persistent Asthma)	❑ Yes ❑ No	❑ Yes ❑ No
d) ❑ Bone Marrow or ❑ Organ Transplant	❑ Yes ❑ No	❑ Yes ❑ No
e) HIV	❑ Yes ❑ No	❑ Yes ❑ No
2. In the past two years have you suffered from, been diagnosed with, received treatment for or been prescribed drugs for any of the following medical conditions:		
a) Cancer (excluding Basal Cell Carcinoma)	❑ Yes ❑ No	❑ Yes ❑ No
b) Diabetes	❑ Yes ❑ No	❑ Yes ❑ No
c) Pancreatitis	❑ Yes ❑ No	❑ Yes ❑ No
d) ❑ Chronic Kidney Disease, ❑ Liver Disease, ❑ Gastrointestinal Disorders (e.g. Ulcers, GI Bleed, Bowel Obstruction, Hepatitis, Crohn's Disease, Colitis or Diverticular Disease)	❑ Yes ❑ No	❑ Yes ❑ No
e) ❑ Epilepsy, ❑ Seizures, or ❑ Syncope	❑ Yes ❑ No	❑ Yes ❑ No
f) Hospitalized as a result of a fall	❑ Yes ❑ No	❑ Yes ❑ No
g) ❑ Multiple Sclerosis (M.S.), ❑ Lou Gehrig's Disease, ❑ Parkinson's Disease, ❑ Dementia or Alzheimer's	❑ Yes ❑ No	❑ Yes ❑ No
3. Has it been more than 30 months since your last checkup with a physician?	❑ Yes ❑ No	❑ Yes ❑ No