

MEDICAL QUESTIONNAIRE



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Berkley

Section One: Eligibility

Applicant's name (please print) _____

Date of Birth (mm/dd/yyyy) _____

To be eligible for coverage under this plan, the applicant must:

- a) be at least 15 days old and not more than 84 years old; and
- b) be insured under a government health insurance plan; and
- c) be in good health at the time you purchase your policy and on the date you exit your province or territory of residence, and know of no reason to seek medical consultation during the coverage period.

Applicants over 60 years of age must not:

1. Not travel against the advice of the physician?
2. Not suffer from a terminal illness?
3. Not suffer from kidney disease treated through dialysis?
4. In the past 5 years, have not been diagnosed with or treated for stage III or IV cancer?
5. In the past 12 months, have not been prescribed or have used oxygen at home?
6. Do not require the assistance with activities of daily living?

If Yes to any of the above you do not qualify for this plan:

The following Medical Questionnaire must be completed if,

- *Applicant is ages 60 to 74 travelling for more than 60 days*
- *Applicant is ages 75 to 84 regardless of duration of the trip.*

Section Two – Rate Table Classification

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

- Lung conditions/disease (include asthma) : take medication(s)
- Diabetes : take medication(s)
- Heart conditions/disease (do not include aspirin, hypertension (high blood pressure) or high cholesterol medications) :
take medication(s)

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)?

Yes No

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.

- Bowel obstruction including bleeding and inflammation Yes No
- Cancer Yes No
- Diabetes (controlled by medication or diet) Yes No
- Diverticulitis/Diverticulosis Yes No
- GERD (gastro-esophageal reflux disease) Yes No
- Heart conditions/disease (include aspirin) Yes No
- Hypertension Yes No
- Kidney disease Yes No
- Lung conditions/disease (include asthma) Yes No
- Peptic ulcer Yes No

4, At the time of application, do you have any medical conditions that were not listed in the previous questions for which you are currently receiving 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:

- a) Treatment for a period of greater than 30 consecutive days; or,
- b) More than one follow-up visit or referral visit to a physician or other registered medical practitioner; or,
- c) Hospitalization or surgical intervention. Yes No

5, Have you used any tobacco products in the past 24 months? Yes No

I certify that the information contained herein is true.

Applicant's signature : _____

Application date: (mm/dd/yy)_____

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