

Quest Travel Insurance

Quest

## **Complete coverage. Unbeatable value.**

**Quest with confidence, anytime, anywhere!**  
**Quest protects you when nothing else can, with:**

- **Future stability coverage:** Stable now? Not sure you'll be stable later? Count your current healthy condition toward future coverage, for protection, when you need it.
- **Guaranteed stability coverage:** Complete coverage even if you don't meet the stability requirements.
- **PLUS \$5 million emergency medical coverage** and more!

*You can't beat that!*

*Is Quest Travel Insurance for you? Find out now.*



## Your Quest Travel Insurance includes:

- \$5 million—emergency medical treatment
- Ambulance and paramedic fees
- Prescription drug coverage
- Emergency air evacuation with qualified medical personnel
- Surgeon, physician, and specialist care
- Return of your vehicle
- Emergency dental coverage
- Return to destination benefit
- And more!

## Pre-existing conditions?

With Quest, you can't lose.

**GOLD**

**90-day  
stability period**

**SILVER**

**180-day  
stability period**

**BRONZE**

**180-day stability period\***

**\*365-day stability period**  
for diabetes, heart and  
lung conditions

*Don't fit the bill? Go for Guaranteed Stability. See below.*

## What are my options?

**Quest Guaranteed Stability:** Coverage up to \$150,000 for pre-existing medical conditions, whether you meet the stability requirements or not. Guaranteed.

**Quest Future Stability:** Get protection on demand. Purchase future coverage up to \$150,000 for pre-existing medical conditions, based on your current stable health status.

**Quest Trip Cancellation/Interruption:** Cover your costs if your travel plans are cancelled prior to departure or if they are disrupted after the trip has begun.

## Ways to Save:

- **Quest Deductible:** Quest Travel Medical offers a \$0 deductible. Pay less with Quest and get the coverage you need! Reduce your premium by up to 70% by increasing your deductible up to \$100,000.
- **Quest Companion Discount:** Travelling with someone? A 5% companion discount may be available to you.

*Apply for Quest today!*

# Get started!

## 1 Eligibility

Find out if you're eligible for Quest Travel Insurance. Review the Eligibility questions, to see if you are eligible. If you or your travelling companions are not eligible, please ask your broker about alternate coverage from Travel Underwriters.

To be eligible to purchase this insurance, you must be 55 to 89 years of age and must answer **NO** to all of the following questions.

1. In the 36 months prior to application have you been diagnosed with, treated or ordered by a physician to take medication for, three (3) or more of the following medical conditions?

- Heart disease/condition
- Liver disease/condition
- Lung disease/condition (excluding asthma not requiring prednisone)
- Diabetes (requiring medication)
- Stroke or mini-stroke (TIA or transient ischemic attack)

2. In the 12 months prior to application, have you been diagnosed with, treated or been ordered by a physician to take medication for peripheral vascular disease (blocked leg arteries); congestive heart failure; chronic obstructive pulmonary disease (COPD, emphysema)?

3. In the 12 months prior to application, have you used or been prescribed home oxygen?

4. Do you have a terminal condition or metastatic cancer?

5. Did you have heart bypass surgery more than 10 years before application? (Answer "no" to this question if you have had additional bypass surgery and/or placement of a stent less than 10 years prior to application)

6. Have you had an organ transplant (excluding cornea or skin graft)?

7. Do you have a kidney disease requiring kidney dialysis?

8. Do you have an aneurysm larger than four (4) centimetres, measured in either length or diameter?

9. In the 6 months prior to application have you had a stroke or mini-stroke (TIA or transient ischemic attack)?

If you answered **YES** to any of the eligibility questions listed above, you are not eligible to purchase this insurance. If you answered **NO** to all the eligibility questions above you must initial the box below before proceeding to the plan/rate qualification section.

APPLICANT 1

APPLICANT 2



# 2 Medical Health Questionnaire

Complete the Medical Health Questionnaire by placing a check mark in the YES or NO box next to each question. If you are unsure about how to answer any of these questions please consult your regular physician. Once the questionnaire is complete please review and provide a signature for each applicant. Proceed to step 3.

PLAN/RATE QUALIFICATION	APPLICANT 1	APPLICANT 2
10. In the 5 years prior to application have you been diagnosed with, treated or ordered by a physician to take medication or been hospitalized for any of the following:		
Heart attack, aneurysm, angioplasty, atrial fibrillation, artery bypass surgery, cardiac surgery, angina, congestive heart failure, irregular heartbeat, pacemaker, thrombosis, phlebitis, pulmonary oedema	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chronic asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema or pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes (requiring medication)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Stroke or mini-stroke (TIA or transient ischemic attack)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Peripheral vascular disease or carotid artery stenosis (blocked or clogged arteries in the legs or neck)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Liver disease/condition	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cancer (excluding basal cell skin cancer)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Kidney disease that required dialysis, now no longer on dialysis	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered <b>YES</b> to any of the conditions/events listed in question 10, you qualify for the Bronze plan. Proceed to question 16.		
If you answered <b>NO</b> , proceed to question 11.		
11. In the 24 months prior to application, how many of the following medical conditions have you been diagnosed with, treated for or ordered by a physician to take medication for?		
Kidney disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gastrointestinal bleeding	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Alzheimer's disease/dementia	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pancreatitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chronic bowel disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bowel obstruction	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have <b>TWO OR MORE</b> of the conditions listed in question 11, you qualify for the Bronze plan. Proceed to question 16.		
If you have <b>ONE</b> of the conditions listed in question 11, you qualify for the Silver plan. Proceed to question 16.		
If you have <b>NONE</b> of the conditions listed in question 11, proceed to question 12.		
12. In the 12 months prior to application, have you been diagnosed with or undergone a change in medical treatment (including an alteration in medication dosage or usage) for high blood pressure <b>AND</b> had any of the following conditions?		
High cholesterol	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes (not requiring medication)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gallbladder disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Osteoporosis	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Arthritis	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered <b>YES</b> to high blood pressure <b>AND</b> any other conditions listed in question 12, you qualify for the Silver plan. Proceed to question 16.		
If you answered <b>NO</b> to question 12, proceed to question 13.		

*continued*

PLAN/RATE QUALIFICATION	APPLICANT 1	APPLICANT 2
13. Have you ever been treated for a heart disease/condition (excluding congenital heart disease)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Was your last regular check-up with a physician more than 24 months ago?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Have you had a fall that you reported to a physician in the last 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered <b>YES</b> to questions 13, 14 <u>or</u> 15 you qualify for the Silver plan. Proceed to question 16. If you answered <b>NO</b> to questions 13, 14 and 15 you qualify for the Gold plan. Proceed to question 16.		
16. In the 12 months prior to application, have you smoked tobacco products?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

\*Certain terms are defined in this brochure; please refer to the list of definitions.

### Please read and sign

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

If you qualify for the coverage selected but fail to answer truthfully and accurately any question asked at the time of the application, any claim will be subject to an extra deductible of \$10,000 in addition to any other applicable deductible amount. 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/we confirm that I/we have answered this Medical Health Questionnaire truthfully and accurately as it relates to my/our health conditions.**

\_\_\_\_\_  
SIGNATURE Applicant 1                      SIGNATURE Applicant 2                      Date

## 3 Personal & Travel Information

Please provide a few personal details such as name, address etc. as well as your travel details.

### Applicant 1

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

### Applicant 2

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

Canadian Street address (Applicants living in separate households should fill out separate applications)

Address \_\_\_\_\_

### Travel Plans

Date of Departure \_\_\_\_\_ Scheduled Return Date \_\_\_\_\_ Total Trip Days \_\_\_\_\_

Are you topping up another policy? Yes  No  Number of days covered under other insurance \_\_\_\_\_

Name of plan \_\_\_\_\_

## 4 Contact Broker

Call or visit your insurance broker listed on the back page and have your completed brochure with you. Your broker will make sure you get the right coverage for your needs.

### Please provide quote for:

Annual Travel Medical: 9 day  16 day  30 day  60 day  Single Trip Travel Medical

Trip Cancellation/Interruption  \$ \_\_\_\_\_ (sum insured per person) Future Stability Option  Guaranteed\*\* Stability Option

\*\*For complete details, refer to the policy wording which is available upon request. Certain exclusions, limitations and conditions may apply. The language in this brochure may not be the same as the legal and technical terminology found in the official policy wording. In all instances, the official policy wording will prevail.

# Medical Definitions

**Accident and Injury** means physical injury to an insured which occurs while Insurance under this Policy is in force, caused by violent external and accidental means, but does not include any injury caused by an event, act or omission which was caused or contributed to by the consumption of or abuse of any alcohol, drugs or medication by you.

**Alteration** includes an increase or decrease in medication dosage, usage or a change in medication type, but does not include changes in brand due solely to the availability of your usual brand or due to government regulations regarding reference-based pricing.

**Heart disease/condition**—An abnormal condition of the heart, heart disease or cardiopathy.

**Liver disease/condition**—The term “liver disease” applies to many diseases and disorders that cause the liver to function improperly or cease functioning. Abnormal results of liver function tests often suggest liver disease.

**Lung disease/condition**—Any abnormal condition of the lungs, affecting the lungs or associated airways. Most commonly applicable to lung infection such as pneumonia, Chronic Obstructive Pulmonary Disease (COPD), bronchial asthma, etc.

**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, not including aspirin taken for preventative reasons.

**Pre-existing condition** means a medical condition, illness or injury known to you, and for which you have received medical consultation, diagnosis, and/or medical treatment by a physician prior to the commencement date of a covered trip and includes a medically recognized complication or recurrence of a medical condition.

**Sickness** means an acute illness requiring immediate emergency treatment as a result of a sudden onset of symptoms manifested while Insurance under this Policy is in force, but does not include any illness or symptoms caused or contributed to by the consumption or abuse of any alcohol, drugs or medication by you.

**Stable** means the medical condition is not worsening and there has been no alteration in any medication for the condition or its usage or dosage, nor any medical treatment prescribed or recommended by a physician or received, within the period specified in this Policy before the commencement date of a covered trip.

**Terminal condition**—A medical condition for which, prior to the commencement date of the covered trip, a physician has given you a terminal prognosis with a life expectancy of 12 months or less.

**Tobacco products**—Not a medical term. Examples are cigarettes, cigars, cigarillos, pipe. Marijuana comes under the class of “drug” or “substance”.

## Broker Contact Information:

**INGLE**<sup>™</sup>  
INTERNATIONAL

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