

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: _____ mm/dd/yr AGENT: _____ AGENT CODE: _____ PHONE #: _____

Name of Applicant Last _____ First _____		Date of Birth mm/dd/yr _____	Arrival Date mm/dd/yr _____
Insurance Coverage Requested ☐ \$10,000 ☐ \$15,000 ☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ \$150,000		Effective Date mm/dd/yr _____	# of Days _____
		List other insurance during this visit? Company/Policy # Proof of other coverage <u>must</u> be attached.	
Has Visitors insurance been refused by any other company? No ☐ Yes ☐ Why? _____			

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

Date mm/dd/yr	Name of Physician	Reason

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

Condition	Date First Diagnosed mm/dd/yr	Treatment

Please list all the medications you have taken or been prescribed in the last 3 months (attach separate list if necessary):

Name of Medication	Dosage	Date First Prescribed mm/dd/yr

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

Change in Medication	Reason for Change	Date Changed mm/dd/yr

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, including emergency department visits, within the past 12 months:

Reason for Hospitalization	Date mm/dd/yr	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 of the waiting period. 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 and my 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 Consideration Form does not guarantee payment of benefits under the Visitors to Canada Insurance Policy for conditions disclosed herein. Once this form is approved, applicants will still have to complete the 21st Century Visitors to Canada Insurance application process.

To be completed by Head Office

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

Signature _____ Date _____ mm/dd/yr

21st Century Travel Insurance Limited