



Visitors to Canada Insurance MEDICAL DECLARATION - Version V07

(age 60 or over on Effective Date)

Instructions: a) Complete for any applicant age 60 to 85 who is applying for the Stable Chronic Condition Option.
b) Complete for all applicants age 86 or over.
c) Agent must fax to 1-866-285-5727 or mail to 21st Century within 3 business days of making sale.

Agency Name _____ Agent Code _____

Policy Number (if already issued in TIPS system) _____ Agent Ph#: _____

Name of Applicants (Last name, first name)	Date of Birth (mm/dd/yy)
Applicant 1:	
Applicant 2:	
Phone number(s) for contact purposes:	

MEDICAL DECLARATION - Not required if under age 60 or if waiving the Stable Chronic Condition Coverage Option **(Circle Yes or No)**

Answer the following questions to determine eligibility.	Applicant 1	Applicant 2
1 Within the past 24 months have you had a heart attack?	Yes No	Yes No
2 Within the past 24 months have you been prescribed or taken medication for, been diagnosed with, had treatment for, been seen by a specialist physician, been hospitalized or seen in the emergency department of a hospital for any of the following: a) congestive heart failure; b) an organ or bone marrow transplant (excluding corneal transplant); c) a heart valve disorder; or d) a lung condition (excluding asthma)?	Yes No	Yes No
3 Within the past 12 months have you been prescribed or taken medication for, been diagnosed with, or been hospitalized for: stroke, mini-stroke or Transient Ischemic Attack (TIA)?	Yes No	Yes No
4 Within the past 12 months have you taken or been prescribed any of the following: a) Lasix or furosemide for any reason; b) prednisone for any lung condition (including asthma); or c) medications for both diabetes and a heart condition (medication prescribed solely for the control of blood pressure does not count as a medication for a heart condition)?	Yes No	Yes No
5 Within the past 6 months have you: a) consulted a doctor or used any prescribed medication for shortness of breath or chest pain; or b) used any form of nitroglycerin?	Yes No	Yes No

If unsure how to respond to any question, please consult a physician.

Age 60 to 85 If you answer "No" to all questions, you are eligible to purchase the "Stable Chronic Condition" coverage option. Use Table 1 Rates. (If "Yes" responses or if waiving the "Stable Chronic Condition" coverage option, DO NOT submit this form, use Table 2 Rates. Claims arising from a "Stable Chronic Condition" will not be paid.)

Age 86 or over If you answer "No" to all the questions, you are eligible to purchase the insurance. Claims arising from a "Stable Chronic Condition" will not be paid. You are not eligible to purchase any coverage, if you have "Yes" responses.

I/we certify that the information provided on this form is true and accurate, and understand that such information is material to the risk, and constitutes the basis of coverage offered. I/we fully understand that if any of my/our answers are untrue or incorrect, then coverage offered will be null and void. I/we understand that the policy contains important terms and conditions of coverage including exclusions and other limitations. I/we understand that Manulife Financial, its agents, third party administrators or its legal representatives may investigate a claim. I/we 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, contract and subsequent claim.

MUST be signed by the applicant or sponsor:

	Applicant/Sponsor Signature	Name of Applicant/Sponsor (Print)	Date (mm/dd/yy)
Applicant 1			
Applicant 2			