

Helpful Reminders:

- › We want your client to be comfortable when completing the *Medical Questionnaire*. It is important that you remind your client to answer all questions correctly.
- › The *Medical Questionnaire* must be filled out in full by your client and completed in pen. You cannot complete the *Medical Questionnaire* on your client's behalf.
- › The *Medical Questionnaire* must be signed and dated by your client.
- › If your client is unsure about any answers regarding medical conditions or medications outlined in the *Medical Questionnaire*, have your client refer to the Frequently Asked Questions section in this document. If still unsure, then the client should speak to his/her physician or call Assured Assistance Inc. at 1-800-387-2487 (toll-free) or 905-816-2561 (collect or local call)
- › Do not accept the *Medical Questionnaire* if sections are not completed in full or if notes are added to the questions.
- › Remember to give your client the copy of the *Medical Questionnaire*.
- › If your client cannot complete the *Medical Questionnaire* in person, use secure or conventional mail whenever possible. As a last resort, if necessary you can fax the *Medical Questionnaire* to your client, have them complete the *Medical Questionnaire* and fax it back to you. This is a multi-page document, so make sure all pages are faxed to the client. Ensure that you use the correct fax number for your client and clearly provide your client with your fax number to ensure that their sensitive medical information is not misdirected.

Why is completing a *Medical Questionnaire* necessary?

- › A *Medical Questionnaire* helps us determine which coverage your client is eligible for and the appropriate premium. The policy is issued based on the responses provided in the Questionnaire.

What happens if the answers on the *Medical Questionnaire* are incorrect?

- › If any answers on the *Medical Questionnaire* are incorrect, your client's claim for any medical condition will be denied.
- › Therefore, it is important that you inform your client that it is his/her responsibility to make sure the answers are correct. If the client chooses to have the *Medical Questionnaire* completed by someone else (like a relative), it is still his/her responsibility to ensure the answers are correct.
- › Any costs associated with the claim will be paid by your client. These costs may be very high and cause financial hardships. We don't want this to happen.

What happens if I don't follow the correct procedure for issuing a TravelCare policy that requires a *Medical Questionnaire*?

- › It is important that the correct procedure is followed when issuing a TravelCare policy. The client will rely on you to provide correct and accurate information. It is important that your client travels with the right coverage in force. He/she is relying on your expertise. It is your responsibility to understand the procedure. If you are uncertain about a certain procedure, please call your Regional Sales Office.

Keeping a copy of the *Medical Questionnaire*

- › Agents outside of Quebec need to keep a completed original *Medical Questionnaire* for 365 days from:
 - The scheduled *return date* under any single trip plan; or
 - The *expiry date* under any Multi-Trip Annual Plan.
- › Agents in Quebec:
 - Forward the completed original *Medical Questionnaire* to our Quebec Regional Office at:
RBC Insurance Company of Canada, P.O. Box 11472, Station Centre Ville, Montreal, Quebec H3C 5N2.
 - You are responsible for providing a client with a copy of the distribution guide prior to the sale of insurance and explaining the guarantees and exclusions.

All italicized terms in this *Medical Questionnaire* are defined in the policy.

MAY 2007

Frequently Asked Questions (to help you answer *your Medical Questionnaire*)

EXPLAINING *YOUR* COVERAGE

1. What do I need to know about completing the *Medical Questionnaire*?

The *Medical Questionnaire* will place *you* into one of five categories and forms part of *your* insurance policy.

When completing the *Medical Questionnaire*:

- Take *your* time. The questionnaire may take up to 10 minutes to complete.
- Only *you* (the applicant) can complete and sign the *Medical Questionnaire*
- Read each question carefully and provide correct answers to each question. Incorrect answers will lead to cancellation of *your* coverage and the denial of *your* claim.
- Have *your* prescriptions or a description of *your* medication nearby for reference
- Review the answers *you* have provided to the questionnaire and confirm that they are correct.
- If *you* are unsure about any questions regarding *your* medical condition or medications or *your* question does not appear in this document, please speak to *your* physician or call Assured Assistance at 1-800-387-2487 (toll-free) or 905-816-2561 (collect or local call).

2. Is it okay for my relative to complete the *Medical Questionnaire* on my behalf?

If *you* chose to have someone else complete the *Medical Questionnaire* on *your* behalf, *you* need to understand that it is still *your* responsibility to make sure the answers to the questions are correct.

3. What coverages are available?:

Once *you* complete the *Medical Questionnaire*, *you* will be placed in one of the following categories:

HealthSelect® Coverage — To qualify, *you* must have a **Score of 0**.

Gold Coverage — To qualify, *you* must have a **Score of 1 or 2**

Silver Plus — To qualify, *you* must have a **Score of 3 or 4**

Silver Coverage — To qualify, *you* must have a **Score of 5 to 49**

Bronze Coverage — To qualify, *you* must have a **Score greater than 50**

4. Are there exclusions in the policy relating to Pre-existing *medical conditions* that I should be aware of?:

Yes, *your* policy does contain exclusions related to pre-existing *medical conditions*. The exclusion is based on the category *you* qualify for. *Your* policy will include a complete list of exclusions and definitions. The Pre-existing medical exclusions are listed at the back of the *Medical Questionnaire*.

Please remember for HealthSelect® Coverage — No pre-existing Medical Exclusion applies. TravelCare covers *emergency treatment* only. The condition must be an unexpected or unforeseen event that begins during *your* trip.

HEART CONDITION QUESTIONS: (REFER TO QUESTIONS 4, 5, 6, AND 7 ON *YOUR MEDICAL QUESTIONNAIRE*)

1. What do *you* consider a heart condition?

A heart condition is ANY condition involving *your* heart. If *you* are unsure if *you* have ever had a heart condition, please consult *your* doctor. Heart conditions include, but are not limited to the following:

- Angina (or chest pain coming from *your* heart)
- Myocardial infarction (heart attack)
- Atrial fibrillation
- Heart failure (water on the lungs or swelling of the ankles)
- Heart valve problems
- Irregular heart beat for which *your* doctor has prescribed medication, or for which *you* have had surgery, treatment or a pacemaker
- Rapid or slow heart rates for which *your* doctor has prescribed medication, or for which *you* have had surgery or a pacemaker
- Heart murmur (however, if *you* had a murmur as a child and no longer have the murmur as an adult, this does not count)
- If *you* have a pacemaker, then *you* have a heart condition

2. I had chest pain and after undergoing testing, my doctor told me my pain was not related to my heart, how do I answer Questions asking about a heart condition?

Since *your* doctor has told *you* that *you* do not have a heart condition, then *you* do not have a heart condition as asked in Questions 4, 6 and 7.

3. I had a small heart attack about 10 years ago, I am not on any medication and I have not had any problems since. How do I answer the heart Question(s)?

You have had a heart condition for the purpose of the heart questions (Question 4, Question 6 and Question 7).

4. I once had an episode of palpitations, how do I answer the heart Question(s)?

If *you* have received medication or other treatment to stop the palpitations then *you* have a heart condition for purposes of answering Question 4, Question 6 and Question 7.

If *you* have not had any treatment for the palpitations, then *you* do not have a heart condition for the purpose of answering Question 4, Question 6 and Question 7.

5. I am taking medicine to treat my high blood pressure. Is this considered a heart condition?

High blood pressure is not a heart condition for purposes of this *Medical Questionnaire*. However, *you* must answer 'Yes' to Question 10. There are certain medications that are used to treat high blood pressure (hypertension) and heart problems. Please check with *your* physician if *you* are unsure.

LUNG/BREATHING CONDITION QUESTIONS: (REFER TO QUESTIONS 8 AND 9 ON *YOUR MEDICAL QUESTIONNAIRE*)

1. What is a lung/breathing condition?

A lung/breathing condition can have several names, if *you* are unsure, please speak with *your* doctor. Lung/breathing conditions include, but are not limited to the following conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Fibrosis of the lungs
- Bronchitis (including chronic bronchitis)
- Emphysema
- Respiratory failure
- Pneumonia
- Asbestosis
- Lung cancer

2. Earlier this year, I was diagnosed with pneumonia and was treated only with antibiotics for 10 days. I was not admitted to hospital. How do I answer Question 9?

You can answer 'No' to Question 9 as it pertains to lung/breathing conditions. If *you* required treatment with prednisone during or after *your* illness or *you* were admitted to hospital, *you* must answer 'Yes' to Question 8.

3. My doctor told me that I have emphysema (or any other lung/breathing condition) and prescribed puffers, but I do not take them, how do I answer Question 9?

Your answer to Question 9 is 'Yes.'

4. My doctor prescribed puffers to prevent me from coughing, how do I answer Question 9?

Your answer to Question 9 is 'Yes.'

HIGH BLOOD PRESSURE (REFER TO QUESTION 10 ON YOUR MEDICAL QUESTIONNAIRE)

1. My doctor prescribed medicine to prevent high blood pressure. How do I answer Question 10?

Your answer to Question 10 is 'Yes.' If *your* doctor told *you* that *you* no longer need to take medication, then *you* can answer "No" to Question 10.

OTHER CONDITIONS (REFER TO QUESTION 11 ON YOUR MEDICAL QUESTIONNAIRE).

1. I had a stroke two years ago. My doctor has prescribed Plavix (or Clopidogrel). How do I answer Question 11 a)?

Your answer to Question 11 a) is 'Yes.'

2. My doctor prescribed medicine to treat diabetes, how do I answer Question 11 b)?

Your answer to Question 11 b) is 'Yes.'

3. My doctor informed me recently that I have diabetes (or my blood sugars are a bit on the high side). He has referred me to a dietician because of my blood sugar levels. How do I answer Question 11 b)?

Your answer to Question 11 b) is "Yes."

4. What is peripheral vascular disease (Question 11 e)?

This condition involves poor blood circulation, most often involving the legs and feet. It results from decreased circulation to the feet and legs. Like any medical condition, if *you* are unsure if *you* have this condition, speak to *your* doctor.

5. I have haemorrhoids, is this considered gastrointestinal bleeding?

No; for the purposes of this questionnaire, *you* can answer 'No' to Question 11 f).

6. I had tests to see why I had blood in my stool. I had an ulcer. How do I answer Question 11 f)?

Your answer to Question 11 f) is 'Yes.'

7. I was treated for bowel cancer 5 years ago. I saw my doctor for a checkup and I was told I was cancer free, does my check up count?

You can answer 'No' to Question 11 g) as it pertains to cancer. Follow up visits do not count if there were no findings of cancer or treatment provided.

8. I had surgery, radiation and chemotherapy for breast cancer 7 years ago. My doctor has prescribed medication such as Tamoxifen to prevent recurrence. How do I answer Question 11 g)?

Your answer to Question 11 g) is 'Yes.'

9. I have a strong family history of breast cancer. I have never been diagnosed with breast cancer. My doctor has prescribed medication such as Tamoxifen to prevent me from developing this medical condition. How do I answer Question 11 g) pertaining to cancer?

As *you* have never been diagnosed with this medical condition, *you* can answer 'No' to Question 11 g).

10. My doctor told me 5 years ago that I have osteoporosis. I have been taking calcium every day. How do answer Question 11h)?

As *you* were diagnosed outside of the last 12 months, and are not taking prescription medication, *you* can answer 'No' to questions 11 h). If *you* are taking prescription medication, *you* must answer Yes. Prescription medication could include Didrocal, Fosamax.

11. I had knee surgery for arthritis 3 months ago. I am not taking any medication. How do I answer Question 11 h)?

Surgery is considered treatment. *You* will need to answer 'Yes' to Question 11 h).

12. My doctor prescribed Fosamax for osteoporosis 6 months ago. I decided not to take this medication. How do I answer Question 11h)?

Since *you* were prescribed medication, *you* will need to answer "Yes" to Question 11h) even though *you* have decided not to take the medication.

13. I was recently diagnosed with osteopenia? How do I answer Question 11h)?

You can answer No, to Question 11h) as osteopenia is a condition that has not progressed as far as osteoporosis. If *you* are unsure of *your* T-scores and how to answer this Question, please speak with *your* physician.

GENERAL QUESTIONS

1. What is treatment?

If *you* have been prescribed medicine or a course of care by a doctor or have sought care from a licensed practitioner, *you* will be considered to have received treatment for a medical condition or injury. The following are used to treat medical conditions:

- Medication
- Radiation treatment
- Chemotherapy
- Physiotherapy
- Dressing changes
- Chiropractic treatment or adjustments
- Psychotherapy
- Diet
- Oxygen
- Counselling for a mental health disorder
- Surgery
- Pacemaker/AICD
- Any procedure performed by a doctor to treat *your* medical condition or injury (including angioplasty, ablation, excision and drainage).

2. My doctor has told me that I may have a heart condition (or any other medical condition). He has ordered other tests and/or referred me to a specialist. If I travel, will my insurance cover me for this condition as a diagnosis has not been confirmed?

No, *you* will not be covered if *you* have a medical emergency while *you* are traveling. It is reasonable to expect that NO emergency travel medical insurance will cover *you* in this case. For reasons of personal financial risk (and the availability of care depending on where *you* travel) it is wise to stay home and wait for *your* investigations and doctor's assessment to be complete, BEFORE *you* travel. If *you* have any questions, contact the company who sold *you* *your* travel insurance. Although *your* doctor is *your* best reference for medical information and care, he/she may not understand *your* travel insurance policy and the limitations. TRAVEL SMART, be informed and be insured.

3. What is the definition of change in medication?

A complete list of our definitions will be included in *your* Travel Policy. Following is the definition of *change in medication*:

Change in medication- the addition of any new *prescription drug*, the withdrawal of any *prescription drug*, an increase in the dose of any *prescription drug* or a decrease in the dose of a *prescription drug*.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if *you* are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

TravelCare Medical Questionnaire

You must answer ALL questions correctly or there is no coverage for ANY condition.

| | | No | Yes | | Total Score |
|---|---|--------------------------|--------------------------|-------------------------------------|-------------|
| 1 | In the last 24 months (2 years) , have <i>you</i> used any tobacco product ? | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 1 | |
| 2 | Was <i>your</i> last regular check-up with a physician more than 18 months ago? | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 1 | |
| 3 | In the last 12 months , have <i>you</i> used or been prescribed home oxygen for any medical condition? | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 150 | |
| 4 | Have <i>you</i> ever had 2 of the following 3 conditions : • diabetes • stroke • ANY heart condition Note: for the purposes of this <i>Medical Questionnaire</i> , ever had means <i>you</i> have been diagnosed, been prescribed medication, or taken prescription medication for the condition. | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 50 | |
| 5 | Was <i>your</i> FIRST heart bypass MORE than 10 years ago? Note: If <i>you</i> have never had heart bypass surgery OR <i>your</i> first procedure was less than 10 years ago , answer No. | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 50 | |
| For questions 6 to 10: In order to score 0, <i>you</i> must CORRECTLY answer NO to all parts of the questions. | | | | | |
| 6 | For ANY heart condition , have <i>you</i> EVER : a) been diagnosed with ANY heart condition ? b) been prescribed medication for ANY heart condition ? c) taken prescription medication for ANY heart condition ? (Note: heart condition does not include extra beats or palpitations for which <i>you</i> have not taken medication or received treatment.) | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 4 | |
| 7 | For ANY heart condition , have <i>you</i> , in the last 12 months: a) experienced new or more severe symptoms? b) been hospitalized? c) had a <i>change in medication</i> ? (<i>Change in medication</i> means the addition of any new <i>prescription drug</i> , the withdrawal of any <i>prescription drug</i> , an increase in the dose of any <i>prescription drug</i> or a decrease in the dose of a <i>prescription drug</i> .) | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 50 | |
| 8 | For ANY lung/breathing condition , have <i>you</i> , in the last 12 months: a) taken prednisone or other oral steroids for more than 7 days? b) been prescribed prednisone or other oral steroids for more than 7 days? c) been admitted to hospital? (Note: puffers are not considered oral steroids.) | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 5 | |
| 9 | For ANY lung/breathing condition , have <i>you</i> , in the last 12 months: a) taken or been prescribed antibiotics for more than 10 days ? b) taken or been prescribed antibiotics more than once ? c) taken or been prescribed any medication for any lung/breathing condition on an ongoing basis? d) taken or been prescribed puffers for more than 10 days ? (Note: If <i>you</i> are prescribed puffers on an ongoing basis to prevent or treat ANY lung/breathing condition <i>you</i> must answer YES to this question.) | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 5 | |
| 10 | For high blood pressure (same as hypertension) : a) Are <i>you</i> CURRENTLY taking medication to treat or prevent high blood pressure ? b) Have <i>you</i> been prescribed medication to treat or prevent high blood pressure and chosen not to take it? | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 1 | |
| 11 | At ANY time during the last 12 months , have <i>you</i> : • been diagnosed with any of the following conditions? • been prescribed medication for any of the following conditions? • taken prescription medication for any of the following conditions? • received treatment for any of the following conditions? In order to score 0, <i>you</i> must correctly answer No to all of the 4 questions above relating to each of the following conditions: | | | | |
| | a) a stroke or mini stroke (TIA or transient ischemic attack) | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 4 | |
| | b) diabetes Note: If <i>you</i> have regular monitoring of <i>your</i> blood sugars either by <i>your</i> physician or by home glucose monitoring or <i>you</i> have received counseling about specific dietary changes as a result of <i>your</i> blood sugar levels (by a <i>physician</i> or a <i>dietician</i>), <i>you</i> must answer Yes. | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 3 | |
| | c) liver disorder | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 4 | |
| | d) kidney or renal failure | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 3 | |
| | e) peripheral vascular disease | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 3 | |
| | f) gastrointestinal bleeding, crohn's disease, ulcerative colitis and or obstruction of the bowel (not including hemorrhoids) | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 5 | |
| | g) cancer (except basal cell and squamous cell skin cancer) | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 3 | |
| | h) arthritis and/or osteoporosis | <input type="checkbox"/> | <input type="checkbox"/> | If NO, score 0 If YES, score 1 | |
| | | | | TOTAL SCORE | |
| • If <i>your</i> total score is between 50 to 100, <i>you</i> are invited to call us at 1-866-530-8134 to complete our individual underwriting and see if <i>you</i> qualify for Silver coverage. If <i>you</i> do not contact us, <i>you</i> will automatically qualify for Bronze coverage. | | | | | |

| | |
|--|---------------------------|
| Please initial beside the TravelCare coverage that <i>you</i> qualify for and sign and date the bottom of the form. Note: <i>your</i> signature is acknowledgement that <i>you</i> understand that all questions must be correctly answered or there is no coverage for ANY condition. | |
| I have correctly answered NO to ALL questions and my TOTAL SCORE is 0 . I qualify for TravelCare – HealthSelect and I am subject to all General Exclusions outlined in the policy. | _____ HealthSelect |
| I have correctly answered ALL questions and my TOTAL SCORE is 1 or 2 . I qualify for TravelCare – Gold and I am subject to Exclusion 1 and all General Exclusions outlined in the policy. | _____ Gold |
| I have correctly answered ALL questions and my TOTAL SCORE is 3 or 4 . I qualify for TravelCare – Silver Plus and I am subject to Exclusion 2 and all General Exclusions outlined in the policy. | _____ Silver Plus |
| I have correctly answered ALL questions and my TOTAL SCORE is between 5 and 49 . I qualify for TravelCare – Silver and I am subject to Exclusion 2 and all General Exclusions outlined in the policy. | _____ Silver |
| I have correctly answered ALL questions and my TOTAL SCORE is greater than 49 OR my score is less than 100 and I have declined to call for special underwriting or I have chosen not to complete this <i>Medical Questionnaire</i> . I qualify for TravelCare – Bronze and I am subject to Exclusion 3 and all General Exclusions outlined in the policy. | _____ Bronze |

I have read the above. I understand it and declare that all answers to this *Medical Questionnaire* are correct. I **acknowledge that any policy that is issued to me on the basis of the answers given on this form will be void and I will not have coverage for any medical condition if any answer given or my total score is not correct**. I agree and require that this and all related documents be drawn up in the English language. *Je suis d'accord et demande que ce contrat et tout document y afférent soient rédigés en langue anglaise*. I understand that I qualify for the coverage that I have initialed and signed and that, in addition to all other applicable terms of coverage, the pre-existing exclusion applies to me as initialed and signed.

Only *you* (the applicant) can complete and sign the *Medical Questionnaire*.

Name: _____ (please print)

Signature _____ Date Completed _____ Date of Birth _____

Agent to Complete:

Policy Number _____ Company Name _____ Company Phone Number _____

PRE-EXISTING *MEDICAL CONDITIONS* EXCLUSIONS

GOLD COVERAGE EXCLUSION #1

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your trip*, *your medical condition* or related condition has not been *stable*.
- 2 *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your trip*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain;
- 3 *Your lung condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *you* depart on *your trip*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

SILVER PLUS COVERAGE AND SILVER COVERAGE EXCLUSION # 2

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*, *your medical condition* or related condition has not been *stable*.
- 2 *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 *Your lung condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

BRONZE COVERAGE EXCLUSION # 3

Regardless whether a *medical condition* has been *stable* or has not been *stable*, this insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for that *medical condition* or related condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, that *medical condition* or related condition.
- 2 *Your heart condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for any heart condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, any heart condition.
- 3 *Your lung condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before *you* depart on *your trip*:
 - a) *you* have taken medication, been prescribed medication, or received treatment for any lung condition; or
 - b) *you* have experienced a deterioration of, or sought treatment for, any lung condition.

DEFINITION:

Stable – any *medical condition* or related condition (including any heart condition or any lung condition) for which there have been:

- no new treatment, new medical management, or new prescribed medication; and
- no change in treatment, change in medical management, or *change in medication*; and
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- no new test results or test results showing a deterioration; and
- no investigations or future investigations initiated, or recommended for *your* symptoms; and
- no hospitalization or referral to a specialist (made or recommended).

YOUR PRIVACY MATTERS TO US

RBC Insurance Company of Canada is concerned with maintaining accuracy, confidentiality and security of customer information. We hold ourselves to the highest standards in the protection of privacy. “Your Privacy Matters to Us” (in *your* travel insurance policy) outlines how we collect, use and disclose *your* information. If *you* have any questions, or would like to access *your* personal information, please write to us at the address provided in *your* travel insurance policy or call us at 1-800-263-8944.