



Name and Quebec Address Please correct any errors that appear below.

How to apply for coverage

Mail: 151 rue Queen, Sherbrooke QC J1M 1J8
 Email: info@bavqc.com
 Phone: 1-844-500-2947
 Fax: 1-855-858-6709

First Applicant's name:				Second Applicant's name:					
Date of birth:	Month	Day	Year	Age on application date:	Date of birth:	Month	Day	Year	Age on application date:
Home or cell phone:				Home or cell phone:					
Email:				Email:					
Out-of-country-address and phone number:									

Eligibility Requirements

If you require assistance with this application, our contact information is on page 4.

- All applicants:** You must be at least 15 days and no more than 89 years old on the date coverage begins, be insured under a Provincial or Territorial Government Health Insurance Plan during the period of coverage, and complete the eligibility questions below.
 - For each of the eligibility questions below, check either "Yes" or "No".
 - Do NOT count Aspirin or Entrophen as *treatment* when answering the eligibility questions.
 - The definitions of all italicized key terms are on page 4 of this application.
- Applicants age 15 days to 55 years old:** If you answer "No" to the eligibility questions below, you qualify for Rate Table 1 "Lucky Duck".
- Applicants age 56 to 89:** If you answer "No" to the eligibility questions below, complete the Health Score Questionnaire on page 2.

IMPORTANT: Any misrepresentation of your health may result in the non-payment of your claim.		Applicant 1	Applicant 2
1. Has your <i>physician</i> advised you not to travel or have you been diagnosed with a <i>terminal illness</i> ?	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you need assistance with dressing, eating, bathing, using a toilet, or changing positions due to an ongoing medical condition?	2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have any of the following medical conditions: a) pulmonary fibrosis b) congestive heart failure c) kidney disease requiring dialysis d) an aneurysm that is larger than 4.5 cm in diameter or width	3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had or are awaiting a stem cell, bone marrow, heart, kidney, liver, or lung transplant?	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the 5 years before your application date, have you had metastatic cancer OR 2 or more cancers (excluding basal cell or squamous cell skin cancer or breast cancer treated only with hormone therapy)?	5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. In the 12 months before your application date, have you been: a) prescribed or used home oxygen or taken prednisone for a lung condition b) diagnosed with cancer, had a positive biopsy or had chemotherapy, radiation therapy, or cancer surgery (excluding basal cell or squamous cell skin cancer)	6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. In the 12 months before your application date, have you gone to an emergency room or been admitted to a hospital because of any of the following (excluding routine monitoring): a) a heart condition (excluding a pacemaker battery change) b) a stroke or mini-stroke (TIA) c) a lung condition (excluding pneumonia) d) a kidney condition (excluding kidney stones)	7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any question above, you are not eligible for coverage. Call Bureau d'Assurance Voyage Inc.
If you answered "No" to every question above, complete the Health Score Questionnaire on the next page.



- Instructions**
- For each “Yes” answer, enter the required number of **Health Score** points.
 - Your **Health Score** determines which rate table to use.
 - If you score 100 points or more, you are not eligible for coverage. Call **Bureau d'Assurance Voyage Inc.**
 - Do NOT count Aspirin or Entrophen as treatment when answering the medical questionnaire.

IMPORTANT: Any misrepresentation of your health may result in the non-payment of your claim.		Applicant 1	Applicant 2
1. Have you ever had a heart condition, aneurysm, stroke or mini-stroke (TIA) or peripheral vascular disease/PVD (including carotid artery stenosis)?	1 Yes=10		
2. In the 3 years before your application date, have you been diagnosed with, been prescribed medication, had <i>treatment</i> , or had surgery for any of the following medical conditions:			
a) Diabetes requiring insulin	2a Yes=50		
b) Diabetes requiring oral medication	2b Yes=25		
c) Heart condition (including use of a pacemaker and/or defibrillator)	2c Yes=40		
d) Alzheimer's or dementia	2d Yes=30		
e) Aneurysm that is 4.5 cm or less in diameter or width	2e Yes=30		
f) One or more of the following bowel diseases and disorders: • Crohn's • Colitis • Diverticulitis • Bowel obstruction • Gastro-intestinal bleeding • Irritable bowel syndrome (IBS)	2f Yes=30		
g) Cancer (excluding basal cell or squamous cell skin cancer & breast cancer treated only with hormone therapy)	2g Yes=30		
h) Cirrhosis of the liver	2h Yes=30		
i) High blood pressure requiring 3 or more medications (including any water pill)	2i Yes=30		
j) High blood pressure requiring only 2 medications (including any water pill)	2j Yes=5		
k) Lung condition (excluding pneumonia and a <i>minor ailment</i>)	2k Yes=30		
l) Multiple Sclerosis	2l Yes=30		
m) Pancreatitis	2m Yes=30		
n) Peripheral vascular disease/PVD (including carotid artery stenosis)	2n Yes=30		
o) Stroke or mini-stroke (TIA)	2o Yes=30		
p) Parkinson's	2p Yes=25		
q) Blood clot	2q Yes=20		
r) Leg or ankle swelling requiring Lasix or Furosemide	2r Yes=10		
s) Blood disorder	2s Yes=10		
t) Gallbladder disease or gallstones (unless gallbladder was removed)	2t Yes=10		
u) Kidney condition (excluding kidney stones)	2u Yes=10		
v) Epilepsy	2v Yes=5		
w) One or more of the following autoimmune disorders: • Lupus • Rheumatoid arthritis • Vasculitis • Addison's Disease • Guillain-Barre Syndrome	2w Yes=5		
3. In the 12 months before your application date, have any of the following applied to you:			
a) taken prednisone	3a Yes=10		
b) had pneumonia	3b Yes=5		
c) had 2 or more urinary tract infections	3c Yes=5		
d) sought <i>treatment</i> for a fall	3d Yes=10		
e) sought <i>treatment</i> for dizziness, fainting, or a seizure	3e Yes=5		
f) been advised to use, or have used, a cane, a walker, or a wheelchair	3f Yes=5		
4. In the 3 years before your application date, have you used any tobacco products?	4 Yes=5		
5. Was your last <i>physical more than 2 years</i> prior to your application date?	5 Yes=5		
TOTAL HEALTH SCORE: Add up your points (If you did not score any points, enter 0.)		HEALTH SCORE	

If Your Health Score is	You Qualify for Rate Table	Pre-existing Medical Conditions are covered if stable for:
0 points	1	90 days before your coverage begins
1-9 points	2	90 days before your coverage begins
10-29 points	3	90 days before your coverage begins
30-99 points	4	90 days before your coverage begins
100 points or more	You are not eligible for coverage. Please call.	

Application Page 3 – Premium Calculation

- A) Your departure date from Canada (Coverage begins at 12:01 AM):
- B) The date you want coverage to begin:
(If topping-up other coverage, coverage begins at 12:01 AM.)
- C) Your expiry date of coverage: (Coverage ends at 11:59 PM.)
- D) Number of days required for a single trip, or if adding days to an annual plan, or if topping up other coverage:
- E) Rate Table used (check one box):
 - Applicants age 15 days to 55 years old qualify for rate table 1.
 - Applicants age 56 to 89 must complete the Health Score Questionnaire on page 2 to determine which Rate Table to use.
 (Premiums are based on your age when you apply for coverage.)
- F) Option: If purchasing an annual plan, check one box:
(Not available if topping up other coverage.)
- G) Option: Enter your annual plan rate from the brochure (before discount):
- H) Enter your daily rate from the brochure (before discount):
- I) Multiply the number of days required by your daily rate (boxes D x H):
- J) Sub-total: Add boxes G + I:
- K) Tobacco users: ADD 20% if you used tobacco products in the 3 years before your application date:
- L) Option: There is a \$99 USD deductible. If you want a different deductible check one box and adjust the premium due:

All deductibles are in US dollars.
- M) Sub-total: Box J (include adjustments from boxes K and L if applicable):
- N) Early Bird Discount: Applicants ages 0 - 75: Take 15% off box M
Applicants ages 76 - 89: Take 20% off box M
- O) PREMIUM DUE: Minus any deposit made.
(Minimum premium per person is \$20 CAD.)

	Applicant 1	Applicant 2
A)	Mth Day Year	Mth Day Year
B)	Mth Day Year	Mth Day Year
C)	Mth Day Year	Mth Day Year
D)	Days	Days
E)	<input type="checkbox"/> Rate Table 1 <input type="checkbox"/> Rate Table 2 <input type="checkbox"/> Rate Table 3 <input type="checkbox"/> Rate Table 4	<input type="checkbox"/> Rate Table 1 <input type="checkbox"/> Rate Table 2 <input type="checkbox"/> Rate Table 3 <input type="checkbox"/> Rate Table 4
F)	<input type="checkbox"/> 5-day <input type="checkbox"/> 15-day <input type="checkbox"/> 25-day <input type="checkbox"/> 35-day	<input type="checkbox"/> 5-day <input type="checkbox"/> 15-day <input type="checkbox"/> 25-day <input type="checkbox"/> 35-day
G)	\$	\$
H)	\$ per day	\$ per day
I)	\$	\$
J)	\$	\$
K)	\$	\$
L)	<input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 (-5%) <input type="checkbox"/> \$500 (-10%) <input type="checkbox"/> \$1,000 (-15%) <input type="checkbox"/> \$5,000 (-35%) <input type="checkbox"/> \$10,000 (-50%)	<input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 (-5%) <input type="checkbox"/> \$500 (-10%) <input type="checkbox"/> \$1,000 (-15%) <input type="checkbox"/> \$5,000 (-35%) <input type="checkbox"/> \$10,000 (-50%)
M)	\$	\$
N)	\$	\$
O)	\$	

Declaration & Authorization

Please read, sign, and date at the bottom.

- The answers I have provided are truthful and accurate. If in doubt, I consulted my *physician*.
- I understand that if my health changes prior to the date my coverage begins, I must contact **Bureau d'Assurance Voyage Inc.**
- I understand that I must read the policy prior to travel because my coverage may be subject to certain limitations and exclusions, including exclusions relating to pre-existing medical conditions.
- I authorize the disclosure of my personal and health information and understand I must read the Notice of Privacy and Confidentiality on page 4 and in the policy.

X

First Applicant's signature

Date

X

Second Applicant's signature

Date

Send policy, receipt, and wallet cards to: Home address Email

[Payment option 1:](#) Pay by cheque. Please make your cheque payable to: **Bureau d'Assurance Voyage Inc.**

[Payment option 2:](#) Visa or MasterCard: Card #

Check here if you prefer to have your credit card charged 2 weeks prior to your departure date.

Expires

Application Page 4 – Definitions of Key Terms Used in this Application

(These defined terms are italicized in the Application and in the Policy.)

Minor ailment means an illness, disease, or injury which ended more than 30 days prior to the date coverage was to begin, as shown on the confirmation of coverage and which did not require:

- a) *treatment* for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a *physician*; or
- c) hospitalization, surgery, or referral to a specialist.

Physical means a periodic consultation with a *physician* either virtually or in-person scheduled in advance with the purpose of general health monitoring which may include routine medical tests and which is unrelated to any specific symptom, illness, condition or disease.

Physician is a person who is not you or a member of your immediate family or your traveling companion, licenced in the jurisdiction where their services are provided, to prescribe and administer medical treatment.

Stable describes any medical condition or related condition for which there:

- a) has been no new *treatment*; and
- b) has been no change in *treatment* or change in *treatment* frequency or type; and
- c) have been no signs or symptoms or new diagnosis; and
- d) have been no test results showing deterioration; and
- e) has been no hospitalization; and
- f) has been no referral to a specialist (made or recommended) and you are not awaiting the results of further investigations performed by any medical professional.

The following are considered stable:

- a) Routine adjustment of insulin, Coumadin or Warfarin as long as the insulin, Coumadin or Warfarin is not first prescribed in the 90 days prior to the date coverage begins as shown on your confirmation of coverage and, if you have multi-trip annual coverage, the 90 days prior to each separate trip that begins when you depart from your province or territory of residence.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the 90 days prior to the date coverage begins as shown on your confirmation of coverage and, if you have multi-trip annual coverage, the 90 days prior to each separate trip that begins when you depart from your province or territory of residence.
- c) A *minor ailment*.

Terminal illness means a medical condition that is cause for a *physician* to estimate that you have less than 24 months to live or for which palliative care was received prior to the date coverage began.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing that results in a diagnosis of a specific medical condition or surgery.

Notice of Privacy and Confidentiality

By submitting personal information, including, but not limited to, name, address, date of birth, and medical information, to Zurich Insurance Company Ltd and its affiliates (collectively, "Zurich") and authorized representatives respecting individuals providing personal information under this application you acknowledge and confirm that you have consented to or, if applicable, you have obtained, and are retaining the consent of other named applicants in this application to the collection, storage, use and disclosure of their personal information for the purposes of securing and administering such insurance coverage(s). Personal information is processed and stored by Zurich and its affiliates and authorized representatives in both domestic and foreign jurisdictions. Please contact the Zurich Privacy Officer if you require further additional information regarding the collection, use, disclosure, processing and storage of your personal information via email at privacy.zurich.canada@zurich.com or you can review our privacy statement at <https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement>.

You may refuse to consent or withdraw their consent to the collection, storage, use or disclosure of personal information; however, the refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits.

Zurich is committed to protecting the privacy and confidentiality of information provided. Your file is secured in our offices or those of our administrator, agent, or authorized representative. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9."



Bureau d'Assurance Voyage Inc.

Office hours: Monday to Friday 9 AM to 5 PM (ET)

Due to COVID-19 office visits are by appointment only. For the safety of our agents you must wear a mask.

Telephone 1-844-500-2947

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