

OVERSEAS CRITICAL ILLNESS QUESTIONNAIRE

Policy number(s)

Please print clearly and fully answer all questions. Incomplete answers may delay the assessment of the claim. Be sure to attach all supporting documents requested. Original documents will be returned.

Name of Insured	Date of birth (dd/mmm/yy)
Address in Canada	
Employer in Canada (if applicable)	Employer's phone number
Insured's provincial health insurance number	National health care policy number

1. Critical Illness Insurance Details

What critical illness definition does this claim fall under?	Date of diagnosis of the claimed condition (dd/mmm/yy)
Name of the claimed condition	Country and city/town where the condition was diagnosed
Name and medical specialty of the physician who made the diagnosis	
Physician's address	

2. Travel Details

Provide original ticket and documents required to enter the country (e.g. passport, Visa). These documents will be returned.

Reason for the trip overseas (e.g. vacation, business)	Intended length of trip
Where did you stay? <input type="radio"/> Hotel <input type="radio"/> Private residence <input type="radio"/> Other:	
Address	
Name of travel agency used to purchase the ticket	Date ticket was purchased (dd/mmm/yy)
Name of airport and airline	Date you left Canada (dd/mmm/yy)

IF THE ILLNESS IS DUE TO AN ACCIDENT OR TRAUMA, COMPLETE SECTION 3, OTHERWISE PROCEED TO SECTION 4.

3. Incident Related Details – submit a copy of the complete accident or police investigation report, if applicable.

Place and time the incident occurred	Date of the incident (dd/mmm/yy)
Details of the incident (e.g. what happened)	
Name of person(s) involved in the incident	
Were there any witnesses to the incident? <input type="radio"/> no <input type="radio"/> yes – specify how many:	
Witness name(s) (if available)	Contact information (if available)
Was the incident the result of an accident (e.g. a motor vehicle collision)? <input type="radio"/> no <input type="radio"/> yes – describe your role in the accident (e.g. driver, passenger):	
Which local authorities were advised of the incident at the time of the event?	

3. Incident Related Details (cont'd) – submit a copy of the complete accident or police investigation report, if applicable.Was an investigation conducted by local authorities? no yes – provide details below:

Name of investigating official(s)

Contact information

Were any charges laid as a result of the accident? no yes – provide details below:

Charge(s)

Name of person(s) charged

4. Illness Related Details

Date the symptoms began (dd/mmm/yy):

Were you hospitalized? no yes – provide details below:

Name of the hospital/medical facility where the majority of treatment was provided

Hospital/medical facility address

Name of the person who took you to the hospital

Relationship to you

Date of hospitalization (dd/mmm/yy)

Name of the person who paid the doctor/hospital bills

Relationship to you

Date of discharge (dd/mmm/yy)

Describe your current medical condition:

Have you returned to Canada? yes no – provide details below:

Address where you are currently staying

Name of the doctor responsible for your medical care at this time

Doctor's address

Will you be able to return to Canada? no yes – specify expected return date:

Name of your regular doctor in Canada

Date of last visit (dd/mmm/yy)

Doctor's address

Reason for last visit

Was treatment and/or medication provided? no yes - provide details:During the overseas travel, were you on any medications as prescribed by a physician? yes no
If yes, provide the name of the medication(s):Have you reported your condition to your doctor in Canada? yes no – explain why not:

5. Signatures

The answers I have given to the questions above are true and complete to the best of my knowledge and understanding.

Signed at (city)	Date (dd/mmm/yy)
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Signature of Claimant
X

Name of Claimant

Contact information (address and phone number(s))

Checklist of documents attached:

- original passport or notarial copy
- original airline ticket or itinerary / proof of travel and entry Visa
- hospital/medical records
- invoices for medical care and medications
- hotel stay invoice
- police accident report
- other documents _____

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