



A La Carte Travel Insurance

Personalized Travel Insurance — Only pay for the medical conditions that you have!

A La Carte is back for the 2018-19 travel season with the same great benefits as last season!

IN ADDITION, for this season we are offering the additional benefits of our **ADD-ON BUNDLE at a new flat rate of **\$45 per person****

The **ADD-ON BUNDLE includes the following benefits in your policy:**

Medical Follow-Up Visit: If your medical emergency is over and your illness or symptoms persist, we will pay up to \$500 per claim for ONE follow-up visit to a physician within 14 days (includes prescriptions).

Protect Your No-Claim Deductible Credit: If you have a claim during your period of coverage under this ADD-ON BUNDLE, the claim will not be counted in calculating the No-Claim Deductible Credit when purchasing your insurance from Travel Insurance Specialists next season. The value of your No-Claim Deductible Credit will remain the same as this season.

Pet Return: If you travel with your dog or cat and you have a claim covered under your Policy that requires Emergency Repatriation or the Major Event Return Home, we will reimburse up to \$800 to return your pet(s) to your home province or territory of residence (excludes the cost of the pet carriers, medications).

A La Carte Travel Insurance — the same great plan!

Back again this season is our unique personalized Option Worksheet, with easy to understand options and questions, that lets you tailor the plan to your individual needs. With one Rate Table, you do not need to worry about whether or not you selected the proper plan—there is only one!

If you already have a quote from another plan, maybe we can offer you a lower price. Simply call us.

NO-CLAIM Deductible Credit

If you were insured last season under any of the Travel Insurance Specialists products and did not report a claim, your **\$300US** deductible will be **reduced to \$250US** when purchasing **A La Carte Travel Insurance** this season. Also, if you did not report a claim in the last 2 consecutive seasons, your deductible will be **reduced to \$200US**; if you did not report a claim in the last 3 consecutive seasons, your deductible will be **reduced to**

\$150US or if you did not report a claim in the last 4 consecutive seasons, your deductible will be **reduced to \$100US**. If you were covered by another insurer during any of the last four seasons, you qualify for the same reduction in deductible if you did not have any claim(s) with the other insurer. (Note: There will be a cost-savings if you qualify for the NO-CLAIM Deductible Credit, but would like to reduce your deductible to \$0.)

Reviewing and purchasing the A La Carte plan is easy and convenient!

We can send you the A La Carte Travel Insurance application, brochure and policy by:

- mail
- fax
- email

They can also be viewed and downloaded directly from our website:

WWW.TIS.CA

If you would like a quotation or have questions about A La Carte, please call the toll free phone number below. Our dedicated team can provide you with the personal assistance you require. When ready to purchase, **simply mail or fax us** your completed A La Carte Application along with payment.

For your convenience, A La Carte Travel Insurance can be purchased online at WWW.TIS.CA and the premium paid for with VISA or MasterCard. Your policy, tax receipt and wallet cards can then be printed right away. This is the simplest way to buy your insurance in Canada—great for last minute purchases.

2018-2019 Brochure

Travel Insurance Specialists (TIS)

Serving Seniors for over 25 YEARS

WWW.TIS.CA



2018 - 2019 SEASON

Features

1 Month Stability Option if you had a recent medication change (see Option Worksheet)

Retiree Plan Top-up Coverage Available for NO Extra Charge (see note on page 3 of the Application)

Excellent Refund Policy

We accept cancellations and early return refund requests via telephone, mail, email or fax

NO-CLAIM Deductible Credit (see box on this page)

Available up to Age 94

Up to \$2,000,000 of Coverage

No Top-up Fee

Direct Payment to Most Hospitals

One Simple Rate Table

Worldwide Emergency Medical Assistance 24 hours a day/7 days a week

Questions? Call: 1-800-563-0314 or email: info@tis.ca Fax: 1-800-465-1672

A La Carte Travel Insurance

Created by Travel Insurance Specialists

How to Calculate the Premium Rate for each Applicant

1. Complete page 2 of the Application for Insurance by following **steps 1 and 2** on page 4. Add up the total score and copy it to line **4 FACTOR** in Section 3 – Premium Calculation on page 3 of the Application for Insurance.
2. Calculate your age at the Departure Date from Canada.
3. For Single Trips, using the correct age range in the Base Premium Rate Table, follow down the column until you come to the Day Band for the number of Days you require coverage.
4. Choose the base premium rate based on your age and the number of days you require coverage for.
5. Enter this rate in line **2** of Section 3 – Premium Calculation on page 3 of the Application for Insurance.
6. If you want to buy our Annual Multi-Trip Plan, check the box indicating the number of days you wish to purchase. Put the corresponding premium from the Annual Multi-Trip Plan Base Premium Rate Table in line **1** of Section 3 – Premium Calculation, on page 3 of the Application for Insurance.
7. Add the amounts from lines **1** and **2** and enter the result in line **3 SUBTOTAL** of Section 3 – Premium Calculation, on page 3 of the Application for Insurance. For each Applicant's premium, multiply line **3** x line **4** and enter the result in line **5**.
8. If an Applicant is choosing the ADD-ON BUNDLE, they must add \$45 to the premium in line **5** and enter the result in line **6**.

Each applicant must read, sign and date the Application for Insurance at the bottom of page 3.

Mail us the completed application including full payment (cheque or credit card). You can also fax to 1-800-465-1672.

Refunds

1. Contact Travel Insurance Specialists at **1-800-563-0314**.
2. If you return early from your trip, you may qualify for a refund if you have not had a claim. Early return refunds will be calculated based on the premium paid, the date you enter Canada and the Day Bands as per the Rate Tables. If the total trip length still falls within the same day band, there is no refund. Refunds are subject to a fee of \$15 per person.
3. Annual Multi-Trip Plan premiums and premiums for any extension(s) are not refundable.

Extension of Coverage

If you choose to extend your trip beyond the A La Carte Travel Insurance policy expiry date, you must contact Travel Insurance Specialists at 1-800-563-0314 or 905-830-2928 (collect) at least ten (10) days prior to the policy expiry date and pay any required additional premium. You must remain eligible for coverage under all sections of the A La Carte Travel Insurance policy and a claim must not have been reported, incurred or paid.

Any new medical conditions present on the date you apply for an extension of coverage will not be covered under the extension.

We calculate extension premiums by using the current Base Premium Rate Tables for the total trip length less the premium you have paid and multiplied by your Score. There will be a \$10 per person risk premium added to this result. A minimum premium of \$20 per person applies to each extension. Please see the A La Carte Travel Insurance policy for Extension details.

NOTE: Any words that are italicized and underlined refer to defined terms. **Definitions** for these terms are found on **page 4** of the Application for Insurance.

Base Premium Rate Tables 2018-19

THE MINIMUM PREMIUM IS \$20 PER PERSON.

SINGLE TRIP PLAN

DAY BANDS	AGE								
	1-55	56-60	61-65	66-70	71-75	76-79	80-84	85-89	90-94
1 to 2	\$ 23	\$ 26	\$ 27	\$ 42	\$ 49	\$ 80	\$ 123	\$ 169	\$ 186
3 to 5	27	32	33	51	62	98	154	211	232
6 to 10	35	43	44	69	83	131	207	281	310
11 to 15	44	54	61	95	116	185	288	397	442
16 to 20	61	67	82	128	157	246	387	533	599
21 to 25	75	80	101	153	191	305	485	662	742
26 to 30	92	99	120	186	228	370	581	800	893
31 to 35	104	115	140	214	269	429	683	936	1,048
36 to 40	126	137	158	249	304	491	783	1,080	1,204
41 to 45	138	152	184	281	345	555	883	1,222	1,364
46 to 50	157	167	197	309	378	617	988	1,368	1,521
51 to 55	167	191	221	344	422	678	1,094	1,509	1,683
56 to 60	185	203	239	369	459	745	1,194	1,654	1,845
61 to 65	202	223	259	405	498	805	1,303	1,801	2,012
66 to 70	220	239	284	436	539	873	1,407	1,951	2,177
71 to 75	235	257	302	469	576	932	1,515	2,099	2,340
76 to 80	257	276	324	506	615	995	1,623	2,256	2,511
81 to 85	271	297	355	539	659	1,071	1,735	2,405	2,681
86 to 90	291	311	381	571	697	1,137	1,845	2,562	2,853
91 to 95	304	331	413	601	743	1,205	1,958	2,717	3,026
96 to 100	326	354	433	634	789	1,270	2,067	2,873	3,204
101 to 105	344	377	456	667	831	1,335	2,183	3,035	3,382
106 to 110	373	402	479	705	871	1,399	2,294	3,192	3,559
111 to 115	389	429	512	733	890	1,468	2,412	3,355	3,739
116 to 120	403	453	547	771	929	1,530	2,527	3,515	3,922
121 to 125	422	476	588	805	991	1,681	2,712	3,780	4,212
126 to 130	441	499	622	839	1,044	1,752	2,836	3,952	4,405
131 to 135	460	525	662	874	1,090	1,823	2,956	4,123	4,597
136 to 140	473	543	702	911	1,130	1,894	3,081	4,296	4,789
141 to 145	491	565	730	944	1,171	1,964	3,201	4,472	4,985
146 to 150	507	590	758	976	1,210	2,035	3,326	4,645	5,180
151 to 155	529	610	789	1,013	1,317	2,108	3,454	4,824	5,376
156 to 160	540	631	817	1,049	1,366	2,178	3,579	5,005	5,579
161 to 165	558	655	844	1,087	1,407	2,231	3,704	5,184	5,779
166 to 170	574	672	872	1,115	1,486	2,278	3,887	5,437	6,059
171 to 175	592	701	900	1,151	1,570	2,326	3,956	5,520	6,272
176 to 183	618	737	948	1,210	1,624	2,413	4,015	5,555	6,585
184 +	For trips of other durations, please call for rates								

Annual Multi-Trip Plan – Coverage outside Canada and outside your Province of residence.

	AGE: 1-55	56-60	61-65	66-70	71-75	76-79	80-84	85-89	90-94
8 Day Plan	\$ 83	\$ 87	\$ 92	\$ 126	\$ 156	\$ 285	\$ 416	N/A	N/A
16 Day Plan	99	103	113	143	176	332	N/A	N/A	N/A
32 Day Plan	181	199	211	270	329	645	N/A	N/A	N/A
62 Day Plan	390	428	452	579	710	N/A	N/A	N/A	N/A

PREMIUMS CAN BE CHANGED AT ANY TIME WITHOUT NOTICE UNLESS YOU HAVE PAID THE FULL PREMIUM IN ADVANCE.

Write your policy number here for your records: **ALC**

IMPORTANT: These documents are not your A La Carte Travel Insurance policy. An A La Carte Travel Insurance policy, tax receipt and wallet cards will be sent to you once your completed application is received by Travel Insurance Specialists. **A La Carte Travel Insurance covers treatment required only as a result of a medical emergency and has other terms, conditions, limitations and exclusions which may affect your coverage. For a full description, see the A La Carte Travel Insurance policy.**

You can also purchase A La Carte online!



APPLICANT 1

Names must be the same as on your health card.

APPLICANT INFORMATION

APPLICANT 2

Names must be the same as on your health card.

Last name		Last name	
First name	Middle name	First name	Middle name
Applicants' address in Canada			
Street		City	Province
Postal Code		Postal Code	
Date of Birth	Government Health Plan # & version code	Date of Birth	Government Health Plan # & version code
dd mm yy		dd mm yy	
Phone/Cell #	E-mail address (if any)	Phone/Cell #	E-mail address (if any)
Family Doctor		Family Doctor	
Name	Phone	Name	Phone

To help you complete this Application for Insurance, see the instructions on page 4.

OUT-OF-COUNTRY ADDRESS (if unknown, give city/state)		
Street		
City	State	Zip Code
Phone		
EMERGENCY CONTACT IN CANADA (relative or friend)		
Name	Phone	

Section 1 - ELIGIBILITY REQUIREMENTS

QUESTIONS? CALL **1-800-563-0314**

You must meet the Eligibility Requirements below any time you depart Canada on a Single Trip Plan or depart your province of residence on an Annual Multi-Trip Plan to be eligible for coverage under this policy.

You are eligible for coverage if:

- In the past 6 months you have not:
 - been hospitalized for 24 or more consecutive hours for any of the following:
 - a Cerebral Vascular Accident (CVA, stroke) or Transient Ischemic Attack (TIA, mini-stroke);
 - a heart condition;
 - blood clot(s); or
 - a lung condition;
 - received treatment for metastatic cancer;
 - been diagnosed with **or** received treatment for **or** taken medication for a terminal illness;
 - had or used home oxygen (including an oxygen concentrator) for a lung condition; or
 - required dialysis.
- You have not:
 - had your most recent coronary artery by-pass, coronary angioplasty or stent insertion more than 20 years ago;
 - had a coronary angioplasty or stent insertion in the past 6 months;
 - had any aneurysm that has not been surgically repaired;
 - in the past 5 years, received treatment for or taken medication for Congestive Heart Failure (CHF);
 - in the past 5 years, received treatment for or taken medication for Cardiomyopathy with a Grade IV ventricle or a ventricular ejection fraction of 20% or less;
 - been advised by any physician that travelling on your trip would be medically unsafe or that you should not travel on your trip; or
 - had a diagnosis of Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's disease).

Acceptance Statement: You are eligible for coverage under the A La Carte Travel Insurance policy if you meet all the requirements above on the **departure date** of any trip.

NOTE: If you are not eligible for A La Carte Travel Insurance this season, please call us. **We may have other options for you to consider.**

Section 2 - BASIC EMERGENCY MEDICAL COVERAGE INCLUDES

2018-2019 Season

EMERGENCY MEDICAL SERVICESMaximum Limit chosen	Child Return under your care.....Eligible Expenses
<u>Emergency</u> Paramedical/Professional Services.....\$250 per practitioner	Vehicle Return.....\$2,500
<u>Emergency</u> Ambulance Transportation.....Eligible Expenses	<u>Emergency</u> Evacuation & Repatriation.....Eligible Expenses
<u>Emergency</u> Dental Due to Accidental Blow to the Mouth.....\$2,000	Major Event Return Home.....\$3,000
<u>Emergency</u> Relief of Dental Pain.....\$300	Subsistence Allowance.....\$1,500 per person
Removal of a Cast or Stitches after an <u>Emergency</u>\$300	Expenses Related to your Death.....\$5,000 per person
NOTE: If you choose not to upgrade the Basic <u>Emergency</u> Medical Coverage, you will have an overall maximum coverage limit of \$1,000,000 for all benefits.	Bedside Companion Travel.....Eligible Expenses
	24 Hour Worldwide <u>Emergency</u> Medical Assistance

NOTE: All premiums, benefits, and maximum amounts payable are quoted in Canadian dollars unless otherwise specified. All deductibles are in US dollars and apply to each claim occurrence.

See the policy at WWW.TIS.CA for full details.

IMPORTANT: Each applicant must meet all the eligibility requirements contained in Section 1 - Eligibility Requirements on page 1 of this Application for Insurance. If you do not meet these Eligibility Requirements or your health changes on or prior to the departure date of any trip which makes you no longer eligible for this insurance, please call Travel Insurance Specialists.

If **FAXING** this application, enter your policy number in the box to the right:

ALC

APPLICANT 1 Score First Name:	APPLICANT 2 Score First Name:

This worksheet must be completed by each applicant.

For the completion of I. & II., if you are unsure of your medical history or conditions, check with your doctor.

I. UNDERWRITING QUESTIONS (this section must be completed by each applicant)

Use your date of application when completing these questions. If any of your answers change prior to your departure date, you must contact Travel Insurance Specialists to adjust your Score and Premium.

If your answer is "YES" to any of the questions in **Sections I. (A. – G.)** or you select option(s) in **II, III, and IV.**, you must **CHECK that box** and **ADD the point value** of the question to your Score.

A. In the 5 years prior to your departure date, have you received <u>treatment</u> for, taken <u>medication</u> for or had a diagnosis of:			
1) a <u>heart condition</u> ?	<input type="checkbox"/>	+ 95	<input type="checkbox"/> + 95
2) a Cerebral Vascular Accident (CVA, stroke) or Transient Ischemic Attack (TIA, mini-stroke)?	<input type="checkbox"/>	+ 60	<input type="checkbox"/> + 60
3) Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis)?	<input type="checkbox"/>	+ 75	<input type="checkbox"/> + 75
4) carotid artery stenosis of 50% or more [narrowing, blockage or clogging of any blood vessel(s) in the neck]?	<input type="checkbox"/>	+ 75	<input type="checkbox"/> + 75
B. In the 12 months prior to your departure date, have you received <u>treatment</u> for, taken <u>medication</u> for or had a diagnosis of:			
1) Parkinson's Disease, Muscular Dystrophy, Cerebral Palsy, Myasthenia Gravis or Multiple Sclerosis?	<input type="checkbox"/>	+ 75	<input type="checkbox"/> + 75
2) diabetes requiring oral <u>medication</u> ?	<input type="checkbox"/>	+ 30	<input type="checkbox"/> + 30
3) diabetes requiring insulin (or any other injectable <u>medication</u> required to control diabetes)?	<input type="checkbox"/>	+ 60	<input type="checkbox"/> + 60
4) leukemia, cancer requiring surgery (includes a positive biopsy), chemotherapy, radiation and/or laser therapy (excludes basal cell carcinoma, hormone replacement therapy (such as Tamoxifen), removal of skin lesions or squamous cell carcinoma)?	<input type="checkbox"/>	+ 45	<input type="checkbox"/> + 45
5) dementia (includes Alzheimer's disease)?	<input type="checkbox"/>	+ 50	<input type="checkbox"/> + 50
6) a <u>bowel condition</u> or gastrointestinal bleed?	<input type="checkbox"/>	+ 30	<input type="checkbox"/> + 30
7) a <u>lung condition</u> ?	<input type="checkbox"/>	+ 35	<input type="checkbox"/> + 35
8) 2 or more episodes of a Urinary Tract Infection (UTI)?	<input type="checkbox"/>	+ 25	<input type="checkbox"/> + 25
9) Stage IV Kidney (renal) Failure or a <u>liver condition</u> ?	<input type="checkbox"/>	+ 50	<input type="checkbox"/> + 50
10) kidney stone(s) [unless the stone(s) are no longer present], gallstone(s) [unless the gallstone(s) have been removed], or pancreatitis?	<input type="checkbox"/>	+ 20	<input type="checkbox"/> + 20
11) blood clot(s) (do not count the use of a blood thinner for up to 60 days for preventative purposes following hip or knee replacement surgery)?	<input type="checkbox"/>	+ 50	<input type="checkbox"/> + 50
C. In the 12 months prior to your departure date, have you been prescribed or taken:			
1) 3 or more <u>medications</u> that modify your blood pressure?	<input type="checkbox"/>	+ 35	<input type="checkbox"/> + 35
2) for more than 21 consecutive days, EITHER Prednisone (includes equivalent steroid <u>medication</u>) in pill form for a <u>lung condition</u> OR Lasix (Novo-Semide/Furosemide)?	<input type="checkbox"/>	+ 45	<input type="checkbox"/> + 45
D. Have you had your most recent coronary artery by-pass, coronary angioplasty or stent insertion over 10 years and up to 20 years ago?	<input type="checkbox"/>	+ 75	<input type="checkbox"/> + 75
E. Have you, in the past 3 months, been a resident in a long-term care facility or in an assisted living facility where you were helped with any of the activities of daily living (bathing, eating, using a toilet, taking <u>medication</u> or getting into or out of a chair or bed)?	<input type="checkbox"/>	+ 90	<input type="checkbox"/> + 90
F. At any time in the 24 months prior to your departure date, have you used any tobacco products (excluding any e-cigarettes, medical marijuana or stop smoking aids)?	<input type="checkbox"/>	+ 10	<input type="checkbox"/> + 10
G. Was your last <u>complete medical examination</u> more than 24 months prior to your departure date?	<input type="checkbox"/>	+ 30	<input type="checkbox"/> + 30

II. BUY DOWN YOUR PRE-EXISTING CONDITION STABILITY PERIOD

You qualify for a pre-existing condition stability period of **3 months** prior to any departure date unless you have answered YES to any of the questions in Section I., parts **A, B, C, D or E**, in which case, your pre-existing condition stability period will be the **6 months** prior to any departure date.

- ◆ Reduce your pre-existing condition stability period from **6 months** to **3 months** prior to any departure date. + 30 + 30
- ◆ If you had a replacement, elimination or an increase/decrease in dosage or frequency of a medication that was prescribed more than **3 months** prior to your departure date, you can reduce the stability period for the medical condition that the medication treats to **1 month** prior to any departure date. + 35 + 35

III. CHANGE YOUR DEDUCTIBLE FROM \$300US

- ◆ If you qualify for a deductible of less than \$300US, but would like to reduce it to \$0, check this box. + 10 + 10
- ◆ For \$500US, \$1,000US, \$5,000US and \$10,000US deductibles, circle your choice and see page 4 for the point value to subtract at the right. + 5 + 5
- ____ - ____

IV. UPGRADE YOUR BASIC COVERAGE FROM THE \$1,000,000 MAXIMUM to \$2,000,000.

Increased limits apply to EMERGENCY MEDICAL SERVICES under **Section 2** on page 1 + 5 + 5

V. ADD-ON BUNDLE: If an Applicant wishes to purchase these benefits, check the box at the right and complete line 6 on page 3 of this Application for Insurance.

Add \$45 on page 3 Add \$45 on page 3

BASIC COVERAGE of \$1,000,000 maximum: each applicant must add the 100 Points to their Score. >

+ 100 + 100

Add up the total(s) of points for your choices and enter it in the score box(es) to the right.
 Your total(s) MUST include the 100 points for basic coverage.

Applicant 1 Score	Applicant 2 Score
TRANSFER THE SCORE ABOVE TO LINE 4 ON PAGE 3 FOR EACH APPLICANT	

NOTE: Any words that are italicized and underlined refer to defined terms. Definitions for these terms are found on page 4 of this Application for Insurance.

2018–2019 Season

Name of Applicant 1 (print)

Name of Applicant 2 (print)

Section 3 - Premium Calculation

dd mm yy	Departure Date from Canada (The day you leave Canada)	dd mm yy
dd mm yy	Date Coverage Begins (Policy Effective Date) (If "topping-up", this is the day after your other coverage ends)	dd mm yy
dd mm yy	Date Coverage Ends (Policy Expiry Date) (Must be before September 30, 2019 for single trips)	dd mm yy
Coverage Days	Total Number of Single Trip Plan Days Required (Count both the Date Coverage Begins and the Date Coverage Ends)	Coverage Days
8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 32 Day <input type="checkbox"/> 62 Day <input type="checkbox"/> Annual Multi-Trip Plan Selected (check one if applicable) 8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 32 Day <input type="checkbox"/> 62 Day <input type="checkbox"/>		
dd mm yy	Annual Multi-Trip Plan Effective Date (Must be before July 31, 2019) NOTE: The Annual Multi-Trip Plan cannot be used to top-up another plan	dd mm yy
① \$	Annual Multi-Trip Plan Premium Use rate from Annual Multi-Trip Base Premium Rate Table	① \$
② \$	Single Trip Plan rate from the Base Premium Rate Table	② \$
③ \$	SUBTOTAL: Add the amounts from lines ① + ②	③ \$
④	FACTOR: SCORE (shown at the bottom of page 2) ÷ 100	④
⑤ \$	APPLICANT TOTAL: SUBTOTAL ③ x FACTOR ④	⑤ \$
⑥ \$	Each Applicant selecting the ADD-ON BUNDLE must add \$45 to their total in line ⑤ and enter the result in line ⑥	⑥ \$

Note: If you have Retiree Plan Coverage with a maximum limit of at least \$500,000 for at least the first 30 days of your trip, we will top up that maximum limit to \$2,000,000 under the terms and conditions of the A La Carte Travel Insurance policy for NO EXTRA CHARGE if you purchase at least 35 days coverage under this policy.

GRAND TOTAL DUE**Applicant 1 + Applicant 2 = \$**

Payment Cheque
Make cheques payable to:
Travel Insurance Specialists

Credit Card Details: Visa MasterCard
Card # _____
3 Digit Code _____ **Expiry Date** Month _____ Year _____

Section 4 - Declaration and Authorization

I am applying for A La Carte Travel Insurance, underwritten by Industrial Alliance Insurance and Financial Services Inc. I understand that this insurance can only be applied for prior to my leaving Canada. If I am paying for this insurance by credit card, I authorize this transaction to be charged to my credit card.

I understand that the Eligibility Requirements, as stated in Section 1, and my answers to I. Underwriting Questions on the Option Worksheet form part of the application/policy and are material to the risk and consideration for the insurance for which I am applying. I declare that all the information provided on this application is true and complete. I understand that if any material information necessary to complete this application is not disclosed, Industrial Alliance Insurance and Financial Services Inc. will void my policy coverage and I will not be covered for any benefits under the policy. Where I was unsure of my medical condition(s), as it pertains to this application for insurance, I consulted with my physician. I understand that in applying for coverage under the A La Carte Travel Insurance policy it is my responsibility to be aware of all my medications and their purpose(s), as well as any medical conditions I have had or presently have. I understand that no statement made by me or any agent prior to or at the time of my application for insurance will be considered valid unless such statement has been documented and submitted in writing and accepted by Industrial Alliance Insurance and Financial Services Inc. prior to the completion of this application. If I am responsible for the payment of any deductible I have chosen or found to be not eligible for this insurance under any section of the Application for Insurance or the policy, Industrial Alliance Insurance and Financial Services Inc. has the right to collect from me any monies paid out on my behalf.

I understand that the insurance applied for will not become effective unless the full premium and a signed (including any electronic signature) and dated copy of this application has been received by Travel Insurance Specialists. In the event that this application is not accepted for any reason, I will receive a full refund. I understand that all terms, conditions, limitations and exclusions in the A La Carte Travel Insurance policy will apply and that only medical emergencies will be covered under this insurance. Industrial Alliance Insurance and Financial Services Inc. may use agents, brokers and service providers to collect, use, store and/or process personal information and personal health information on its behalf, and such information may be transferred to these entities for the purposes described herein. Personal information or personal health information may be collected, used, disclosed, transferred, stored or processed outside of Canada and may therefore be subject to legal requirements in such foreign countries. According to the Canadian PIPEDA (Personal Information Protection and Electronic Documents Act) and U.S. HIPAA (Health Insurance Portability and Accountability Act) Privacy Practices, this authorization remains valid until any claim pending or disputed under an A La Carte Travel Insurance policy issued as a result of this application is settled unless an applicable law specifies a shorter period, in which case it would expire within the period applicable under that law. I understand that my personal historical medical records may be requested as far back as needed to satisfy the terms and conditions of the A La Carte Travel Insurance policy. This will remain valid as long as there is a claim or dispute reported to Industrial Alliance Insurance and Financial Services Inc. A copy or facsimile copy of this application and Declaration and Authorization shall be as valid as the original. I hereby appoint my spouse, my blood relation if travelling with me, or my substitute decision maker, to act on my behalf in the event that, because of a medical condition, I am unable to make the necessary decisions with respect to my health status.

Should I have a claim, I authorize any physician, hospital, pharmacy or other medical provider who has attended or examined me to release to and exchange with Complete Claims Management Professionals (CCMP) or its representatives any and all information regarding my medical history, symptoms, treatment, examination or diagnosis for the purpose of administering the insurance, assessing the underwriting risk and reviewing any claim. The information contained in any of my medical records, including any results from investigative testing, will be the basis for assessing the validity of my policy coverage and any claim made. In the event that all required documents are not provided to CCMP within 6 months following the date of loss, I understand that my claim file will be closed.

If this Declaration and Authorization is revoked, then no claim will be considered until after the Declaration and Authorization is reinstated.

I understand that any change in my health status or medication between the date I complete this application and the departure date of any trip which makes me no longer eligible (as per the Eligibility Requirements) for this policy, or which would result in a change to my answer(s) to I. Underwriting Questions on the Option Worksheet, or would change the stability status of a pre-existing condition (other than a minor ailment), constitutes a material change to my policy and I must notify Travel Insurance Specialists immediately.

I understand that if I do not immediately contact Travel Insurance Specialists regarding a material change in my health status or medication, any claim may be denied and my policy coverage may be voided.

APPLICANT 1

Date: dd mm yy

APPLICANT 2

Date: dd mm yy

Applicant 1
SignatureApplicant 2
Signature**IMPORTANT NOTE: Each applicant must read, sign and date the Declaration and Authorization above.**

NOTE: All premiums, benefits, and limits are quoted in Canadian currency unless otherwise specified

1 You must meet all the requirements as stated in Section 1 – Eligibility Requirements of this Application for Insurance (see page 1) in order to continue with the Option Worksheet. If you are unsure of your medical history or conditions, contact your doctor.

2 Complete the Option Worksheet on page 2 of this application ONLY IF YOU ARE ELIGIBLE.

Each section on the Option Worksheet from **I** to **IV** has check off boxes that are assigned a specific number of points. Simply check off the boxes that apply to you, add the corresponding point value to your score and after completion, add up the score points and put your total (including the 100 points for the basic coverage) in the score box at the bottom of the Option Worksheet for each applicant.

Underwriting Questions (Each applicant must complete this section) For full details, see **I**. on page 2.

These questions must be answered to further assess your lifestyle and medical history. **If you are unsure of your medical history or conditions, contact your doctor.**

Buy down your Pre-existing Condition Stability Period — For full details, see **II**. on page 2.

You qualify for a pre-existing condition stability period of **3 months** prior to any departure date unless you have answered **YES** to any of the questions in Section **I**., parts A, B, C, D or E, in which case, your pre-existing condition stability period will be the **6 months** prior to any departure date.

Reduce your pre-existing condition stability period from **6 months to 3 months** prior to any departure date. (add 30 points)

If you had a replacement, elimination or an increase/decrease in dosage or frequency of a medication that was prescribed more than **3 months** prior to your departure date, you can reduce the stability period for the medical condition that the medication treats to **1 month** prior to any departure date. (add 35 points)

Deductible Options —For full details, see **III**. on page 2.

The A La Carte Travel Insurance policy has a \$300US deductible per claim. You may have \$0 US deductible by adding 10 points. If you qualify for the NO-CLAIM DEDUCTIBLE CREDIT, the \$100US, \$150US, \$200US or \$250US per claim deductible can be reduced to \$0 by adding 5 points on page 2 – **III**. The higher deductible options are: \$500US (subtract 10 points), \$1,000US (subtract 15 points), \$5,000US (subtract 25 points), and \$10,000US (subtract 30 points).

Upgrade your basic coverage from the \$1,000,000 maximum — For full details, see **IV**. on page 2.

You can upgrade your coverage to a maximum limit of \$2,000,000 (add 5 points).

Basic Emergency Medical Coverage—For full details, see **Section 2** on page 1.

Basic Emergency Medical Coverage provides essential travel insurance benefits as a result of a medical emergency while you are away from Canada. The maximum payable, unless you upgrade your coverage, is \$1,000,000. The Basic Emergency Medical Coverage is not an option, it is the minimum you must take for an A La Carte Travel Insurance policy. These basic coverages are also included in the Annual Multi-Trip Plans (8 Day, 16 Day, 32 Day, and 62 Day options).

ADD-ON BUNDLE – See **V**. on page 2. Each Applicant selecting these benefits must follow the instructions in line **6** in **Section 3** on page 3.

3 Calculate your Premium on page 3 of this application

Follow the instructions on the back of the 2018-2019 Brochure carefully in order to calculate each applicant's premium and don't forget to fill in your important trip and coverage dates in Section 3, page 3 of this Application for Insurance.

4 Each applicant MUST READ, SIGN and DATE the Declaration and Authorization at the bottom of page 3

Once you have calculated your premium, please read the Declaration and Authorization carefully—**Section 4** on page 3. If you agree with the statements, each applicant must sign and indicate the date of your signature at the bottom of page 3.

5 Fill in all the information required on Page 1 – Applicant Information and mail us your completed Application with payment.

NOTE: You must complete pages 1, 2 and 3 of this application in order to apply for coverage.

FAX TO: 1-800-465-1672 or:

MAIL TO: TRAVEL INSURANCE SPECIALISTS

BOX 93060, 1111 Davis Drive, Newmarket, ON L3Y 8K3

NOTE: These documents are not your A La Carte Travel Insurance policy.

An A La Carte Travel Insurance policy, tax receipt and wallet cards will be sent to you once your completed application is accepted by Travel Insurance Specialists.

IMPORTANT: You must notify Complete Claims Management Professionals (CCMP) assistance within 24 hours of any claim or medical or dental treatment. Failure to do so will result in you being responsible for **50%** of any gross eligible expenses and the maximum liability under this policy will be limited to \$25,000. You must call CCMP assistance unless your condition prevents you from calling. You must call as soon as medically possible or have someone call on your behalf. CCMP is the claim administrator for the insurer.

Definitions

(This is a partial list of definitions. For a complete list of definitions, please refer to the definition section of the policy once you receive it.)

bowel condition: includes ulcerative colitis, Crohn's disease, diverticulitis, bowel obstruction, bowel surgery, chronic constipation or Irritable Bowel Syndrome (IBS).

chronic: means a medical condition that continues, persists, is episodic or recurrent over an extended period of time. This condition is usually long lasting and does not easily or quickly resolve itself.

complete medical examination: means that you have visited a licensed physician or licensed medical practitioner where your medical history was updated, any symptoms were diagnosed and any test(s) requested or proposed were completed and you are aware of the results of such test(s).

emergency or emergencies: means an unforeseen mental or emotional disorder that requires admission to a hospital, sickness or accidental injury which occurs during your trip and requires immediate treatment to prevent or alleviate existing danger to life or health. An emergency no longer exists when the medical evidence indicates that you are no longer receiving emergent medical care and are able to be discharged from the medical facility.

heart condition: includes (i) abnormal heart rhythm (include arrhythmia, atrial fibrillation or irregular heartbeat); (ii) pacemaker or defibrillator insertion or replacement; (iii) heart attack (myocardial infarction); (iv) heart transplant; (v) coronary artery disease (including angina); (vi) coronary angioplasty or stent insertion; (vii) coronary artery bypass; (viii) heart valve disease (include any regurgitation or stenosis (moderate or severe)); (ix) abnormal heart murmur; (x) pericarditis; or (xi) cardiomyopathy.

liver condition: includes Hepatitis C or Cirrhosis.

lung condition: includes Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, emphysema, pulmonary fibrosis, asbestosis, sarcoidosis, lung surgery or chronic asthma. (This does not include seasonal allergies or a minor ailment).

medication: means any prescribed drug (whether filled or not) or remedy used in the treatment of disease and the maintenance of health, including new prescriptions, any

renewal(s) or refill, insulin, or nitroglycerine (in any form, with or without a prescription). It does not include other drugs and remedies obtained without a prescription, including aspirin (or equivalent), vitamins, minerals and hormone replacement (or therapy).

minor ailment: means a non-chronic viral or bacterial infection (except for any condition requiring the use of Prednisone or equivalent steroid medication in pill form) which does not require hospitalization, surgery or more than one follow-up consultation to any medical provider beyond the initial assessment and includes the use of no more than 2 medications for a maximum of 30 days.

pre-existing condition: means a medical condition (other than a minor ailment) for which treatment has been taken or received, or which exhibited symptoms prior to any Departure Date and includes a medically recognized complication or recurrence of a medical condition.

stable or stability: means the medical condition is not worsening and there has been no alteration in any medication (including a new prescription) for the condition or in its usage or in its dosage, a physician has not received any test results indicating a deterioration of your medical condition, you have not been advised by a physician that you should have a surgical procedure, nor has there been any alteration in treatment prescribed or recommended by a physician or received within the pre-existing condition time period you qualify for or have chosen. The following are **not considered** alterations or changes in medication: the change from a brand named medication to a generic brand medication provided the usage or dosage has not changed; the dosage changes of the regulatory medication insulin or Coumadin, Warfarin, Pradaxa, Pradax or Dabigatran.

treatment, treat or treated: means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician or other licensed medical practitioner, including but not limited to prescribed medication, investigative testing, hospitalization, surgery or recommended action that is related to the condition.

2018-2019 Season

LIMITED TIME OFFERS

Lock in your rates and *choose TWO OFFERS per applicant* when you mail in your completed Application for Insurance along with full payment by **SEPTEMBER 7, 2018**.



A La Carte Travel Insurance

Only pay for the medical conditions that you have!

1-800-563-0314

1

Reduce your
Deductible
to **\$50 U.S.**
AT NO-CHARGE
(worth up to 5 points)

OR

2

Take **5 POINTS**
off your score
on the
Option Worksheet

OR

3

Get a **NO-CHARGE** upgrade to
\$2,000,000 of Coverage
for **Emergency**
Medical Services
(worth 5 points)

NOTE

For important details about these **LIMITED TIME OFFERS**, please see the back of this coupon.



IMPORTANT DETAILS ABOUT THESE LIMITED TIME OFFERS

To indicate the **2 offers chosen**, each applicant must make the appropriate change to their **A La Carte** Option Worksheet using the instructions shown below and mail in their completed Application for Insurance along with full payment by **September 7, 2018**.

- To accept offer **1** – on the **Option Worksheet**, under heading **III. CHANGE YOUR DEDUCTIBLE FROM \$300 US**, check the box to the left of “- ___”, and print “**N/C**” on the line. In this case do not add any points to your score for a \$50 US deductible.
- To accept offer **2** – on the **Option Worksheet**, subtract **5 points** from your **Applicant Score** at the bottom of the page.
- To accept offer **3** – on the **Option Worksheet**, under heading **IV. UPGRADE YOUR BASIC COVERAGE FROM THE \$1,000,000 MAXIMUM to \$2,000,000**: check the box to the left of “**+5**”, cross out the **+5** and print “**N/C**”. In this case do not add any points to your score to upgrade your Basic Coverage.

Make cheque payable to: **TRAVEL INSURANCE SPECIALISTS** or give us your **credit card details** on the Application for Insurance.

QUESTIONS?

1-800-563-0314

- If you are unsure of your trip dates, simply estimate them now and adjust the dates when your travel plans are set. There is no service charge to change your travel dates.
- You can get a full refund before you travel if you cancel for any reason.

Note: Post dated cheques are not accepted.