



TravelHealth Medical Plan

One of Canada's first Snowbird Plans



WWW.TIS.CA

TravelHealth Medical Plan 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).



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

PLAN HIGHLIGHTS

- 1 month stability option if you had a recent medication change (see Front of Application)
- Major Event Return Home benefit included with your Single Trip Plan or Annual Multi-Trip Plan policy
- Annual Multi-Trip plans to 62 days for most ages
- Annual Multi-Trip plans include coverage for trips in Canada (outside your province)
- Retiree Plan Top-up coverage available for no extra charge (see point 8 on page 3)
- You can purchase online at WWW.TIS.CA and pay your premium with VISA or MasterCard
- We accept cancellations or refund requests via telephone, mail, email or fax

BENEFITS SUMMARY — 2018–2019 SEASON

EMERGENCY MEDICAL SERVICES	\$2,000,000
<u>Emergency</u> Ambulance Transportation.....	Eligible Expenses
Private Nursing.....	\$5,000
<u>Emergency</u> Dental Due to an Accidental Blow to the Mouth.....	\$2,000
<u>Emergency</u> Relief of Dental Pain.....	\$300
Major Event Return Home.....	\$3,000
Return of Your Vehicle.....	\$2,500
<u>Emergency</u> Return Home.....	Eligible Expenses
Expenses Related to Your Death.....	\$5,000
Removal of a Cast or Stitches after an <u>Emergency</u>	\$300
Child Return Under Your Care.....	Eligible Expenses
Subsistence Allowance.....	\$1,500
Bedside Companion Travel Care.....	Eligible Expenses
<u>Emergency</u> Paramedical/Professional Services.....	\$250 per practitioner

24 HOUR WORLDWIDE EMERGENCY 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.

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 **\$350 US** deductible will be **reduced to \$300US** when purchasing the **TravelHealth Medical Plan** this season. Also, if you did not report a claim in the last 2 consecutive seasons, your deductible will be **reduced to \$250US**; if you did not report a claim in the last 3 consecutive seasons, your deductible will be **reduced to \$200US**; and if you did not report a claim in the last 4 consecutive seasons, your deductible will be **reduced to \$150US**. 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.)

Questions? Call: 1-800-563-0314 or email: INFO@TIS.CA

If you are eligible for this insurance, as shown on the Back of the Application for Insurance – Eligibility Requirements, you must choose the correct plan based on your answers to the Medical Requirements for Plan Categories as shown below. If you are unsure of your medical history or conditions, check with your physician.

NOTE: Any words that are italicized and underlined refer to defined terms (see Definitions on page 3 of this Brochure).

Start with Plan 5 and work downward. Follow the important instructions after the medical requirements for each plan.

Plan 5 - If you answer YES to 2 or more of any of the statements 1. (i) to (iv), 2., or 3. below, you qualify for **Plan 5**.

Plan 4 - If you answer YES to 1 of any of the statements 1. (i) to (iv), 2., or 3. below, you qualify for **Plan 4**.

- In the 5 years prior to your departure date, you have received treatment for, taken medication for or had a diagnosis of any of these conditions:
 - heart condition;
 - Cerebral Vascular Accident (CVA, stroke) or Transient Ischemic Attack (TIA, mini-stroke);
 - Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis); or
 - carotid artery stenosis of 50% or more [narrowing, blockage or clogging of any blood vessel(s) in the neck].
- You have, 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 medication or getting into or out of a chair or bed).
- You have had your most recent coronary artery by-pass, coronary angioplasty or stent insertion over 10 years and up to 20 years prior to your departure date.

If you qualify for **Plan 4** or **Plan 5** based on the above, follow the instruction in **NOTE** at the bottom of this page. Otherwise continue to work downward.

Plan 3 - If you answer YES to 1 of any of the statements 1. (i) to (v), 2. or 3. below, you qualify for **Plan 3**.

Plan 4 - If you answer YES to 2 or more of any of the statements 1. (i) to (v), 2. or 3. below, you qualify for **Plan 4**.

- In the 12 months prior to your departure date, you have received treatment for, taken medication for or had a diagnosis of any of these conditions:
 - 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);
 - Stage IV Kidney (renal) Failure or a liver condition;
 - dementia (includes Alzheimer's disease);
 - diabetes requiring insulin (or any other injectable medication required to control diabetes); or
 - 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).
- In the 12 months prior to your departure date, you have been prescribed or taken for more than 21 consecutive days, EITHER Prednisone (includes equivalent steroid medication) in pill form for a lung condition OR Lasix (Novo-Semide/Furosemide).
- In the 12 months prior to your departure date, you have received treatment for, taken medication for or had a diagnosis of Parkinson's disease, Muscular Dystrophy, Cerebral Palsy, Myasthenia Gravis or Multiple Sclerosis.

If you qualify for **Plan 3** or **Plan 4** based on the above, follow the instruction in **NOTE** at the bottom of this page. Otherwise continue to work downward.

Plan 2 – If you answer YES to 1 of any of the statements in 1. (i) to (v), 2. or 3. below, you qualify for **Plan 2**.

Plan 3 – If you answer YES to 2 or more of any of the statements in 1. (i) to (v), 2. or 3. below, you qualify for **Plan 3**.

- In the 12 months prior to your departure date, you have received treatment for, taken medication for or had a diagnosis of any of these conditions:
 - diabetes requiring oral medication;
 - bowel condition or gastrointestinal bleed;
 - 2 or more episodes of a Urinary Tract Infection (UTI);
 - kidney stone(s) [unless the stone(s) are no longer present], gallstone(s) [unless the gallstone(s) have been removed], or pancreatitis; or
 - lung condition.
- In the 12 months prior to your departure date you have been prescribed or taken 3 or more medications that modify your blood pressure.
- Your last complete medical examination was more than 24 months prior to your departure date.

If you qualify for **Plan 2** or **Plan 3** based on the above, follow the instruction in **NOTE** at the bottom of this page. Otherwise continue to work downward.

Plan 1 – If you are eligible for this insurance, but do not qualify for **Plan 2**, **Plan 3**, **Plan 4** or **Plan 5**, you qualify for **Plan 1**.

See **NOTE** below.

NOTE: Proceed to the Front of the Application for Insurance and complete the Travel and Premium Details sections.

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

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NOTE: The TravelHealth Medical Plan covers eligible expenses for 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 TravelHealth Medical Plan policy. The policy maximum is \$2,000,000 per person per claim.

Instructions

Each Applicant must follow these instructions when completing their Application.

1. Read **Eligibility Requirements** on the Back of the Application for Insurance. Continue only if you are eligible for this insurance.
 2. Complete the **Applicant Information** section on the Front of the Application for Insurance.
 3. Complete the **Travel Details** section on the Front of the Application for Insurance.
 4. Determine which Plan you qualify for by using the **Medical Requirements for Plan Categories**, found on page 2 of this Brochure. Check off the correct box, in the section **Premium Details** on the Front of the Application for Insurance, to indicate the Plan which you qualify for.
 5. If you are selecting an **Annual Multi-Trip Plan**, find your premium in the correct Rate Table on page 4 of this Brochure, based on the maximum number of days for each trip, the Plan which you qualify for and your age on the Annual Multi-Trip Effective Date. Transfer that amount to line **1.** in the section **Premium Details** on the Front of the Application for Insurance. Also, indicate your choice of 8, 16, 32 or 62 days.
 6. If you are selecting **Single Trip** coverage, use the Rate Table for the plan which you qualify for on page 4 of this Brochure to determine your **Single Trip Daily Rate**. It is based on your age at your departure date and the Total Trip Days which is the number of days between your Departure Date from Canada and your Expiry Date for Single Trip.
 7. Transfer your **Single Trip Daily Rate** (based on Total Trip Days) to the **Single Trip Premium Calculation Chart** at the bottom of page 4. Use this chart to calculate the number of days of coverage you require: **Total Trip Days** less **Other coverage days** (the total number of existing days of coverage you may have on any annual plans). Multiply the **Single Trip Days** by the **Daily Rate** to calculate your **Single Trip Premium**.
 8. Transfer the amount of your **Single Trip Premium** to line **2.** on the Front of the Application for Insurance in the **Premium Details** section.
- 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 **TravelHealth Medical Plan** policy for NO EXTRA CHARGE if you purchase at least 35 days coverage under this policy.
9. Carefully complete the rest of the **Premium Details** section on the Front of the Application for Insurance including **4. ADJUSTMENTS**. Choose your deductible, based on the table — **Available Deductible Options (US\$)** on page 4 of this Brochure. Transfer the appropriate percentage to **Adjustment 4a**. Enter the premium amount in the appropriate boxes for all **Adjustments (4a to 4f)** which apply.
 10. In order to calculate your total premium, add lines **3.** and **4a to 4f** and enter the amount in your **Applicant total** box. Add each Applicant's total (if applicable) and enter it in the **GRAND TOTAL DUE** box. Indicate your credit card details (if applicable).
 11. Each applicant must read, sign and date the **Declaration and Authorization** on the Back of the Application for Insurance.
 12. Send us your completed application along with full payment.
FAX TO: 1-800-465-1672 or:
MAIL TO: TRAVEL INSURANCE SPECIALISTS
Box 93060, 1111 Davis Drive, Newmarket, ON L3Y 8K3
 13. These documents are not your **TravelHealth Medical Plan** policy. We will send your policy, wallet cards and a receipt as soon as your payment has been processed or you can download the policy from **WWW.TIS.CA**.
 14. We calculate extension premiums by using the daily rate [including any **Adjustments**] from the current Rate Tables for the total trip length multiplied times the number of extension days. 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 **TravelHealth Medical Plan** policy for Extension details.

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.



THE MINIMUM PREMIUM IS \$20 PER PERSON.

RATE TABLES

Rates are subject to change without notice.

PLAN 1 Covers emergency treatment for a pre-existing condition that was stable in the 3 MONTHS prior to any Departure Date.

Number of Days	AGE								
	1-55	56-60	61-65	66-70	71-75	76-79	80-84	85-89	90-94
Single Trip Daily Rate									
1-63	3.44	3.97	4.28	5.59	7.51	11.91	20.06	27.81	32.76
64-84	3.63	4.17	4.49	5.88	7.89	12.51	21.06	29.20	34.41
85-105	3.77	4.38	4.72	6.16	8.26	13.12	22.06	30.61	36.04
106-126	3.97	4.57	4.93	6.43	8.63	13.71	23.04	31.99	37.68
127-183	4.13	4.79	5.36	6.90	9.01	13.90	23.08	32.04	39.30
184+	4.47	5.17	5.83	7.47	10.03	15.06	26.06	36.15	42.58
Multi-trip									
8 day	\$ 90	97	106	130	163	189	209	N/A	N/A
16 day	111	116	123	151	197	232	270	N/A	N/A
32 day	211	220	232	290	371	439	N/A	N/A	N/A
62 day	454	474	499	622	802	N/A	N/A	N/A	N/A

PLAN 2 Covers emergency treatment for a pre-existing condition that was stable in the 3 MONTHS prior to any Departure Date.

Number of Days	AGE								
	1-55	56-60	61-65	66-70	71-75	76-79	80-84	85-89	90-94
Single Trip Daily Rate									
1-63	4.47	5.17	5.57	7.29	9.78	15.49	26.06	36.15	42.58
64-84	4.70	5.44	5.86	7.64	10.26	16.24	27.36	37.96	44.72
85-105	4.92	5.68	6.14	8.01	10.74	17.04	28.65	39.75	46.84
106-126	5.15	5.94	6.40	8.37	11.22	17.81	29.98	41.58	48.97
127-183	5.36	6.21	6.99	8.98	11.71	18.09	30.01	41.63	51.11
184+	5.81	6.72	7.58	9.72	13.03	19.59	33.89	46.99	55.36
Multi-trip									
8 day	\$116	125	133	167	212	241	280	N/A	N/A
16 day	142	149	158	192	253	297	345	N/A	N/A
32 day	271	284	300	374	481	569	N/A	N/A	N/A
62 day	587	615	649	808	1,041	N/A	N/A	N/A	N/A

PLAN 3 Covers emergency treatment for a pre-existing condition that was stable in the 3 MONTHS prior to any Departure Date.

Number of Days	AGE								
	1-55	56-60	61-65	66-70	71-75	76-79	80-84	85-89	90-94
Single Trip Daily Rate									
1-63	5.53	6.35	6.86	8.97	12.02	19.06	32.08	44.48	52.40
64-84	5.78	6.70	7.19	9.42	12.61	20.02	33.68	46.73	55.03
85-105	6.07	7.01	7.54	9.85	13.21	20.96	35.28	48.96	57.65
106-126	6.33	7.31	7.89	10.30	13.82	21.92	36.88	51.17	60.28
127-183	6.61	7.63	8.61	11.06	14.43	22.25	36.96	51.25	62.90
184+	7.17	8.27	9.32	11.95	16.05	24.10	41.71	57.86	68.12
Multi-trip									
8 day	\$141	151	162	203	258	321	N/A	N/A	N/A
16 day	174	181	192	233	307	405	N/A	N/A	N/A
32 day	331	346	368	456	588	771	N/A	N/A	N/A
62 day	720	749	801	986	1,277	N/A	N/A	N/A	N/A

PLAN 4 Covers emergency treatment for a pre-existing condition that was stable in the 12 MONTHS prior to any Departure Date.

Number of Days	AGE								
	1-55	56-60	61-65	66-70	71-75	76-79	80-84	85-89	90-94
Single Trip Daily Rate									
1-63	7.05	8.15	8.77	11.46	15.38	24.39	41.04	56.95	67.07
64-84	7.41	8.56	9.20	12.03	16.16	25.61	43.09	59.79	70.42
85-105	7.77	8.97	9.64	12.61	16.91	26.84	45.16	62.64	73.77
106-126	8.13	9.36	10.09	13.17	17.69	28.05	47.19	65.49	77.14
127-183	8.48	9.77	11.02	14.14	18.45	28.48	49.27	68.34	80.49
184+	9.17	10.60	11.93	15.32	20.53	30.84	53.35	74.02	87.18
Multi-trip									
8 day	\$187	200	214	270	342	N/A	N/A	N/A	N/A
16 day	232	241	256	309	410	N/A	N/A	N/A	N/A
32 day	445	461	492	607	785	N/A	N/A	N/A	N/A
62 day	969	1,006	1,069	1,322	1,711	N/A	N/A	N/A	N/A

PLAN 5 Covers emergency treatment for a pre-existing condition that was stable in the 12 MONTHS prior to any Departure Date.

Number of Days	AGE								
	1-55	56-60	61-65	66-70	71-75	76-79	80-84	85-89	90-94
Single Trip Daily Rate									
1-63	9.08	10.49	11.31	14.78	19.83	31.44	52.92	73.42	86.47
64-84	9.56	11.02	11.87	15.51	20.82	33.01	55.58	77.09	90.81
85-105	10.00	11.56	12.44	16.24	21.80	34.60	58.21	80.76	95.11
106-126	10.44	12.08	13.00	17.00	22.81	36.16	60.87	84.43	99.44
127-183	10.91	12.61	14.19	18.22	23.78	36.72	63.50	88.11	103.78
184+	11.81	13.64	15.38	19.73	26.49	39.76	68.79	95.45	112.41
Multi-trip									
8 day	\$248	263	285	358	456	N/A	N/A	N/A	N/A
16 day	309	320	342	413	547	N/A	N/A	N/A	N/A
32 day	593	618	657	813	1,050	N/A	N/A	N/A	N/A
62 day	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

IMPORTANT: To help you complete the Application for Insurance, see the Instructions on **page 3** of this Brochure

THE MINIMUM PREMIUM IS \$20 PER PERSON.

Available Deductible Options (US \$)

\$0	\$350	\$500	\$1,000	\$5,000	\$10,000
+10%	automatic	- 10%	- 15%	- 25%	- 30%

NOTE: These percentages are adjustments to your premium and should be entered in **4. ADJUSTMENTS** point **4 a)** on the Front of the Application for Insurance. If you qualify for a deductible under \$350 US, but would like to reduce your deductible to a \$0 deductible, use **5%** as the adjustment to your premium in **4. ADJUSTMENTS** point **4 a)** on the Front of the Application for Insurance.

Single Trip Premium Calculation Chart

If you are eligible for this insurance: enter your **Total Trip Days**, **Other coverage days** (if any) and number of **Single Trip Days** of coverage you require in the chart below. Determine the **Plan** you qualify for—based on the Medical Requirements for Plan Categories on page 2. Using the appropriate Rate Table above, find your **Daily Rate**—based on your **Total Trip Days**—and enter it in the **Daily Rate** box below. Calculate your **Single Trip Premium** (multiply **Single Trip Days** by the **Daily Rate**) and transfer the total to line 2. on the Front of the **Application for Insurance** in the **Premium Details** section.

Applicant 1	Total Trip days	—	Other coverage days	=	Single Trip Days	×	Daily Rate	=	Single Trip Premium
Applicant 2	Total Trip days	—	Other coverage days	=	Single Trip Days	×	Daily Rate	=	Single Trip Premium



TravelHealth Medical Plan

One of Canada's first Snowbird Plans

Underwritten by Industrial Alliance Insurance and Financial Services Inc.

— Front —
Application for Insurance
2018–2019

1-800-563-0314
TIS

▼ **APPLICANT 1** ▼ **Applicant Information** ▼ **APPLICANT 2** ▼

Last name (Names must be the same as on your health card)		Last name (Names must be the same as on your health card)	
First name Middle name		First name Middle name	
Applicants' address in Canada			
Street		City Province 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 Name Phone		Family Doctor Name Phone	

To help you complete this Application for Insurance, see the Instructions on page 3 of the Brochure.

Out of Country Address (if unknown give city/state)

Street

City State Zip Code

Phone

Emergency Contact in Canada (relative or friend)

Name Phone

▼ **APPLICANT 1** ▼ **Travel Details** ▼ **APPLICANT 2** ▼

dd mm yy		Departure Date from Canada. (The day you leave Canada)	dd mm yy
dd mm yy		Effective Date for Single Trip Plan Coverage begins at 12:01AM on this day. If topping up another plan, the Effective Date will be the day after your other coverage terminates.	dd mm yy
dd mm yy		Expiry Date for Single Trip Plan Coverage ends at 11:59 PM on this day. (Must be before September 30, 2019)	dd mm yy
Coverage Days		Total Number of days of Single Trip Plan Coverage Number of days from the Effective Date to the Expiry Date (count both of these days).	Coverage Days
dd mm yy		Annual Multi-Trip Plan Effective Date (If selected) (Must be before July 31, 2019) Note: The Annual Multi-Trip Plan cannot be used to top-up another plan.	dd mm yy

Plan: 1 2 3 4 5 **Check one** **Premium Details** **Check one** Plan: 1 2 3 4 5

\$	1. Annual Multi-Trip Plan Premium (Effective Date must be before July 31, 2019) <input type="checkbox"/> 8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 32 Day <input type="checkbox"/> 62 Day (select one) <input type="checkbox"/> 8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 32 Day <input type="checkbox"/> 62 Day	\$
\$	2. Single Trip Plan Premium (See Calculation instructions on pages 3 and 4 of the Brochure)	\$
\$	3. Subtotal: Total of lines 1. + 2.	\$
4. Adjustments Each Applicant must insert the premium that applies to each selected Adjustment 4a to 4f.		
4a \$	Deductible Option (Choose your deductible from Available Deductible Options on page 4 of the Brochure). Multiply the % for your deductible by line 3. Subtotal and enter the result in box 4a. Indicate if this amount is to be added or subtracted (+ or -)	\$ 4a
4b \$	To reduce your <u>pre-existing condition stability</u> period from 12 months to 3 months prior to any departure date. (Plan 4 & 5 only) Calculate 25% of line 3. Subtotal and enter the result in box 4b	\$ 4b
4c \$	If you had a replacement, elimination or an increase/decrease in dosage or frequency of a <u>medication</u> that was prescribed more than 3 months prior to your departure date, you can reduce the <u>stability</u> period for the medical condition that the <u>medication treats</u> to 1 month prior to any departure date. Calculate 35% of line 3. Subtotal and enter the result in box 4c	\$ 4c
4d \$	If at any time in the 24 months prior to your departure date, you have used any tobacco products (excluding any e-cigarettes, medical marijuana or stop smoking aids), calculate 10% of line 3. Subtotal and enter the result in box 4d	\$ 4d
4e \$	ADD-ON BUNDLE: See details on page 1 of Brochure. If an Applicant wishes to purchase these benefits, enter \$45 in box 4e.	\$ 4e
4f \$		\$ 4f
\$	Applicant 1 total...Total of lines 3. and 4a to 4f...Applicant 2 total	\$

APPLICANT 1 TOTAL + APPLICANT 2 TOTAL	\$	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard CREDIT CARD DETAILS Card # _____ 3 Digit Code: _____ Expiry Date: _____ / _____ Month / Year	Make sure that each applicant reads, signs and dates the Declaration and Authorization on the reverse side.
Make cheques payable to: Travel Insurance Specialists	GRAND TOTAL DUE or complete →		

Application for Insurance

Eligibility Requirements

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:

1. In the past 6 months you have not:
 - (i) 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;
 - (ii) received treatment for metastatic cancer;
 - (iii) been diagnosed with or received treatment for or taken medication for a terminal illness;
 - (iv) had or used home oxygen (including an oxygen concentrator) for a lung condition; or
 - (v) required dialysis.
2. You have not:
 - (i) had your most recent coronary artery by-pass, coronary angioplasty or stent insertion more than 20 years ago;
 - (ii) had a coronary angioplasty or stent insertion in the past 6 months;
 - (iii) had any aneurysm that has not been surgically repaired;
 - (iv) in the past 5 years, received treatment for or taken medication for Congestive Heart Failure (CHF);
 - (v) 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;
 - (vi) been advised by any physician that travelling on your trip would be medically unsafe or that you should not travel on your trip; or
 - (vii) had a diagnosis of Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's disease).

If you cannot meet all of the above eligibility requirements any time you depart on your trip(s), you are not eligible for coverage under this policy.

NOTE: We may have other options for you to consider if you are not eligible for the TravelHealth Medical Plan this season. Simply call us.

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.

Declaration and Authorization

Each applicant must read, sign and date the Declaration and Authorization below

I am applying for the TravelHealth Medical Plan 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 above, and the Medical Requirements for Plan Categories on page 2 of the Brochure, 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 TravelHealth Medical Plan 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 TravelHealth Medical Plan 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 a TravelHealth Medical Plan 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 TravelHealth Medical Plan 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, I understand that 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, which would result in a change in the plan for which I qualify 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 signature (sign on line above)

Date

Applicant 2 signature (sign on line above)

Date

NOTE: Any words that are italicized and underlined refer to defined terms (see Definitions on page 3 of the Brochure).