



A La Carte Travel Insurance

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

2020-2021 Brochure

Travel Insurance
Specialists (TIS)

Serving Canadian
travellers
for over
25 YEARS

www.tis.ca

NEW OPTION this season: On some of our policies, you can now defer part of your total premium amount with our new monthly payments. If purchasing 3 months or more of Single Trip or Top-up days, or if purchasing an Annual Multi-Trip Plan, you may be able to take advantage of this new program. *Call us for details.*



Features of the A La Carte plan

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

Annual Multi-Trip plans
up to 62 days per trip
are available for most ages

No Top-up Fee
Up to \$2,000,000 of Coverage

Retiree Plan Top-up Coverage
Available for NO Extra Charge
(see note on page 4 of the Application)

Direct Payment to Most Hospitals

Excellent Refund Policy

NO-CLAIM

Deductible Reductions
(see box on this page)

Annual Multi-Trip plans
include coverage for trips
in Canada (outside your province)

One Simple Rate Table

Available up to Age 94

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

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

COVID-19 Pandemic Coverage

A La Carte gives you an option when it comes to COVID-19 coverage.

The policy provides up to \$100,000 coverage due to COVID-19 emergencies. Benefits include coverage for testing, outpatient services, and doctor's office/ clinic visits. If you are quarantined outside of Canada due to a positive COVID-19 test outside of Canada, up to \$2500 (Maximum of \$200 per day) for quarantine related expenses plus up to a total of 17 total days of automatic extension of coverage at no extra cost. Also, emergency assistance services to return you to Canada by the most economical means are provided.

Full policy benefit limits, up to \$2,000,000, will be provided with the purchase of the Upgraded COVID-19 Coverage option which will include inpatient services, in addition to the above benefits. See 4 on page 3 of the Application for Insurance.

If you already have a quote from another plan, we may be able to offer you a lower price. Simply call us.

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** or **email**.

They can also be viewed and downloaded directly from our website www.tis.ca

For your convenience, A La Carte Travel Insurance can be **purchased online** 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.

Deductible Reductions

If you were insured last season under any of the Travel Insurance Specialists products and did not report a claim, your **US\$350** standard deductible will be **reduced** to **US\$300** 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 **US\$250**; if you did not report a claim in the last 3 consecutive seasons, your deductible will be **reduced** to **US\$200** or if you did not report a claim in the last 4, or more, consecutive seasons, your deductible will be **reduced** to **US\$150**.

For further deductible information and options, please see page 2 of the A La Carte Application for Insurance.

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 for ONE follow-up visit to a physician up to 14 days after your Medical Emergency is over (includes prescriptions).

Protect Your No-Claim Deductible Reduction: 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 Reduction when purchasing your insurance from Travel Insurance Specialists next season. The value of your No-Claim Deductible Reduction will remain the same as this season.

The following Benefits will have their dollar limit increased by 15%: (i) Removal of a Cast or Stitches after an Emergency, (ii) Subsistence Allowance, (iii) Emergency Paramedical/ Professional Services and (iv) Vehicle Return (including 2 drivers' one way flights).

The value of these optional benefits is up to \$2,000.

Include the ADD-ON BUNDLE for \$45 per person — see V. ADD-ON BUNDLE on the Option Worksheet.

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 **6 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. Use the base premium rate—based on your age and the number of days you require coverage for—to enter in line **2** of Section 3 – Premium Calculation.
5. For 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.
6. Add the amounts from lines **1** and **2** and enter the result in line **3** Annual Multi-Trip and Single Trip Base Premium **SUBTOTAL** of Section 3 – Premium Calculation.
7. If adding COVID-19 coverage, first calculate 10% of your Base Premium Subtotal, found in line **3**. Enter this amount in Line **4**.
8. Premium SUBTOTAL: Add the amounts from lines **3** and **4**.
9. For each Applicant's premium, multiply line **5** x line **6** and enter the result in line **7**.
10. If an Applicant is choosing the ADD-ON BUNDLE, they must add \$45 to the premium in line **7** and enter the result in line **8**.

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

Mail us the completed application including required 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.

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.**

Base Premium Rate Tables 2020–2021

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	\$ 24	\$ 27	\$ 28	\$ 44	\$ 51	\$ 81	\$ 129	\$ 177	\$ 195
3 to 5	28	34	35	54	65	100	162	222	244
6 to 10	37	45	46	72	87	134	217	295	326
11 to 15	46	57	64	100	122	188	302	417	464
16 to 20	64	70	86	134	165	250	406	560	629
21 to 25	79	84	106	161	201	310	509	695	779
26 to 30	97	104	126	195	239	377	610	840	938
31 to 35	109	121	147	225	282	437	717	983	1,100
36 to 40	132	144	166	261	319	501	822	1,134	1,264
41 to 45	145	160	193	295	362	566	927	1,283	1,432
46 to 50	165	175	207	324	397	629	1,037	1,436	1,597
51 to 55	175	201	232	361	443	691	1,149	1,584	1,767
56 to 60	194	213	251	387	482	759	1,254	1,737	1,937
61 to 65	212	234	272	425	502	820	1,368	1,891	2,113
66 to 70	231	251	298	458	543	889	1,477	2,049	2,286
71 to 75	247	270	317	492	581	950	1,591	2,204	2,457
76 to 80	270	290	340	531	620	1,014	1,704	2,369	2,637
81 to 85	285	312	373	566	664	1,091	1,822	2,525	2,815
86 to 90	306	327	400	600	703	1,158	1,937	2,690	2,996
91 to 95	319	348	434	631	780	1,227	1,974	2,853	3,177
96 to 100	342	372	455	666	828	1,294	2,083	3,017	3,364
101 to 105	361	396	479	700	873	1,360	2,200	3,187	3,551
106 to 110	392	422	503	740	915	1,425	2,313	3,352	3,737
111 to 115	408	450	538	770	935	1,495	2,432	3,523	3,926
116 to 120	423	476	574	810	975	1,559	2,547	3,691	4,118
121 to 125	443	500	617	845	1,041	1,712	2,734	3,969	4,423
126 to 130	463	524	653	881	1,096	1,785	2,859	4,150	4,625
131 to 135	483	551	695	918	1,145	1,857	2,980	4,329	4,827
136 to 140	497	570	737	957	1,187	1,929	3,106	4,511	5,028
141 to 145	516	593	767	991	1,230	2,000	3,227	4,696	5,234
146 to 150	532	620	796	1,025	1,271	2,073	3,352	4,877	5,439
151 to 155	555	641	828	1,064	1,383	2,147	3,482	5,065	5,645
156 to 160	567	663	858	1,101	1,434	2,218	3,608	5,255	5,858
161 to 165	586	688	886	1,141	1,477	2,273	3,733	5,443	6,068
166 to 170	603	706	916	1,171	1,560	2,320	3,918	5,709	6,362
171 to 175	622	736	945	1,209	1,649	2,369	3,988	5,796	6,586
176 to 183	649	774	995	1,271	1,705	2,458	4,047	5,833	6,914
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	\$ 87	\$ 91	\$ 97	\$ 132	\$ 164	\$ 299	\$ 437	N/A	N/A
16 Day Plan	104	108	119	150	185	349	635	N/A	N/A
32 Day Plan	190	209	222	284	345	677	1,120	N/A	N/A
62 Day Plan	410	449	475	608	746	N/A	N/A	N/A	N/A

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

You can also purchase A La Carte online!

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



Created by Travel Insurance Specialists

Underwritten by: Industrial Alliance Insurance and Financial Services Inc.

Policy # **ALC**

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 or territory 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 or any dilation of the aorta;
 - 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 AMOUNTS UP TO:

<u>EMERGENCY MEDICAL SERVICES</u> not related to COVID-19.....Maximum Limit chosen	Major Event Return Home.....\$3,000
COVID-19 Outpatient Care.....\$100,000	Subsistence Allowance.....\$1,500 per person
Optional: Upgraded coverage for COVID-19 inpatient care.....\$2,000,000	Expenses Related to your Death.....\$5,000 per person
<u>Emergency</u> Paramedical/Professional Services.....\$250 per practitioner	Bedside Companion Travel.....Eligible Expenses
<u>Emergency</u> Ambulance Transportation.....Eligible Expenses	24 Hour Worldwide <u>Emergency</u> Medical Assistance
<u>Emergency</u> Dental Due to Accidental Blow to the Mouth.....\$2,000	
<u>Emergency</u> Relief of Dental Pain.....\$300	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 per person per claim not related to COVID-19.
Removal of a Cast or Stitches after an <u>Emergency</u>\$300	NOTE: To upgrade the COVID-19 coverage to include inpatient care and to increase the total for all benefits to \$2,000,000, see 4 on page 3.
Child Return under your care.....Eligible Expenses	
Vehicle Return.....\$2,500	
<u>Emergency</u> Evacuation & Repatriation.....Eligible Expenses	

See the policy at www.tis.ca for full details.

A La Carte OPTION WORKSHEET 2020 - 2021 Season

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

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, you must call Travel Insurance Specialists.

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. ***This worksheet must be completed by each applicant.***

If **FAXING** this application, enter your **policy number** below:

ALC

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

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.

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.

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)?	<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) Transient Ischemic Attack (TIA, mini-stroke)?	<input type="checkbox"/> + 35	<input type="checkbox"/> + 35
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"/> + 70	<input type="checkbox"/> + 70
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"/> + 50	<input type="checkbox"/> + 50
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?	<input type="checkbox"/> + 50	<input type="checkbox"/> + 50
10) kidney stone(s) [unless the stone(s) are no longer present]?	<input type="checkbox"/> + 20	<input type="checkbox"/> + 20
11) gallstone(s) [unless the gallstone(s) have been removed], or pancreatitis?	<input type="checkbox"/> + 20	<input type="checkbox"/> + 20
12) Parkinson's Disease, Muscular Dystrophy, Cerebral Palsy, Myasthenia Gravis or Multiple Sclerosis?	<input type="checkbox"/> + 75	<input type="checkbox"/> + 75
13) a <u>liver condition</u> ?	<input type="checkbox"/> + 20	<input type="checkbox"/> + 20
14) 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) Prednisone (includes equivalent steroid <u>medication</u>) in pill form for a <u>lung condition</u> for more than 21 consecutive days?	<input type="checkbox"/> + 45	<input type="checkbox"/> + 45
3) Lasix (Novo-Semide/Furosemide) for any reason for more than 21 consecutive days?	<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 15 years and up to 20 years ago?	<input type="checkbox"/> + 75	<input type="checkbox"/> + 75
E. Have you, in the past 12 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"/> + 100	<input type="checkbox"/> + 100
F. At any time in the 24 months prior to your departure date, have you used any tobacco or cannabis products?	<input type="checkbox"/> + 20	<input type="checkbox"/> + 20
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 <u>PRE-EXISTING CONDITION STABILITY PERIOD</u> You qualify for a <u>pre-existing condition stability</u> 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 <u>pre-existing condition stability</u> period will be the 6 months prior to any departure date.		
◆ Reduce your <u>pre-existing condition stability</u> period from 6 months to 3 months prior to any departure date.	<input type="checkbox"/> + 30	<input type="checkbox"/> + 30
◆ 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</u> treats to 1 month prior to any departure date.	<input type="checkbox"/> + 35	<input type="checkbox"/> + 35

III. CHANGE YOUR DEDUCTIBLE All deductible amounts are in U.S. dollars (US\$) ◆ For \$0 deductible	<input type="checkbox"/> + 10	<input type="checkbox"/> + 10
◆ Choose a higher deductible for a reduction to your premium by circling your choice and indicating the point value shown beside your chosen deductible to subtract at the right: US\$500 – 5 US\$1,000 – 15 US\$5,000 – 25 US\$10,000 – 30 ▶	<input type="checkbox"/> – ___	<input type="checkbox"/> – ___

IV. UPGRADE YOUR BASIC COVERAGE FROM THE \$1,000,000 MAXIMUM to \$2,000,000. Increased limits apply to EMERGENCY MEDICAL SERVICES not related to COVID-19 under Section 2 on page 1	<input type="checkbox"/> + 5	<input type="checkbox"/> + 5
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V. ADD-ON BUNDLE: If an Applicant wishes to purchase these benefits, check the box at the right and complete line ③ on page 3 of this Application for Insurance.	<input type="checkbox"/> Add \$45 on page 3	<input type="checkbox"/> Add \$45 on page 3
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BASIC COVERAGE of \$1,000,000 maximum: each applicant must add the 100 Points to their Score. ▶	<input checked="" type="checkbox"/> + 100	<input checked="" type="checkbox"/> + 100
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<p>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.</p>	<p>Applicant 1 Score</p>	<p>Applicant 2 Score</p>
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2020-2021 Season			PAGE 3	Name of Applicant 2 (print)																						
Name of Applicant 1 (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, 2021 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, 2021) 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	\$	Annual Multi-Trip and Single Trip Base Premium SUBTOTAL: Add the amounts from lines 1 + 2										3	\$													
4	\$	Upgraded COVID-19 Coverage to \$2,000,000 – add 10% of line 3										4	\$													
5	\$	Premium SUBTOTAL: Add the amounts from lines 3 + 4										5	\$													
6		FACTOR: SCORE (shown at the bottom of page 2) ÷ 100										6														
7	\$	APPLICANT TOTAL: Premium SUBTOTAL 5 X FACTOR 6										7	\$													
8	\$	Each Applicant selecting the ADD-ON BUNDLE must add \$45 to line 7 and enter the result in line 8										8	\$													
9	\$											9	\$													
GRAND TOTAL DUE		Applicant 1 + Applicant 2 = \$						Payment Details: Visa or MasterCard				For Installments, please call us.														
Payment		Cheque <input type="checkbox"/> Cheques payable to: Travel Insurance Specialists						Card # _____				3 Digit Code _____ Expiry Date Month _____ Year _____														

Section 4 - Declaration and Authorization

I am applying for A La Carte Travel Insurance (ALC), underwritten by Industrial Alliance Insurance and Financial Services Inc. (IA). 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, IA 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 ALC 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 IA prior to the completion of this application. If I am responsible for the payment of any deductible or found to be not eligible for this insurance under any section of the Application for Insurance or the policy, IA 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 required premium and a signed (including any electronic signature) and dated copy of this application has been received by Travel Insurance Specialists (TIS). 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 ALC policy will apply and that only medical emergencies will be covered under this insurance. IA 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 ALC 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 ALC policy. This will remain valid as long as there is a claim or dispute reported to IA. 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 the Emergency Assistance Company 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 the Emergency Assistance Company 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 Section 1 - Eligibility Requirements on page 1) for this policy, or which would result in a change to my answer(s) to I. Underwriting Questions on page 2 of 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 TIS immediately.

I understand that if I do not immediately contact TIS 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 Signature		Applicant 2 Signature	

IMPORTANT NOTE: Each applicant must read, sign and date the Declaration and Authorization above.

5 steps to complete your A La Carte Application for Insurance

2020 – 2021 Season

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

1 Each Applicant 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 **US\$350** standard deductible per claim. This deductible will be reduced by **US\$50** for each consecutive prior season that you did not have a claim to a maximum of **US\$200** total reduction. If your resulting deductible is **US\$75** or more, then you can get a further **US\$50** reduction on your deductible if you visit a stand-alone clinic or doctor's office instead of a hospital or any *emergency* room—see first page of the Brochure about further Deductible Reductions. Add 10 points to have **\$0** deductible.

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 ③ in Section 3 on page 3.

3 Calculate your Premium on page 3 of this application

Follow the instructions on the back of the 2020-2021 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 everything required for each Applicant on page 1 - Applicant Information, page 2 - Option Worksheet and page 3, section 3 - Premium Calculation.

**Fax to: 1-800-465-1672 or mail to: Travel Insurance Specialists, BOX 93060
1111 Davis Drive, Newmarket, ON L3Y 8K3**

These documents are not your 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.

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 of additional coverage under this policy.

IMPORTANT: You must notify the Emergency Assistance Company shown on your wallet cards within 24 hours of any claim for medical or dental treatment (even if the amount of the claim is below your deductible). Failure to do so will result in you being responsible for 50% of any eligible expenses and the maximum liability under this policy will be limited to \$25,000. You must call the **Emergency Assistance Company** shown on your wallet cards unless your condition prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

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, interstitial lung disease, 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.