



TravelHealth Medical Plan

One of Canada's first Snowbird Plans



www.tis.ca

NEW OPTION this season: On some 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.*

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 up to 62 days per trip are available for most plans and 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

MAXIMUM LIMIT UP TO (in Canadian Dollars)

EMERGENCY MEDICAL SERVICES not related to COVID-19	\$2,000,000
COVID-19 Outpatient Care.....	\$100,000
Optional: Upgraded coverage for COVID-19 inpatient care.....	\$2,000,000
<i>Emergency</i> Ambulance Transportation.....	Eligible Expenses
Private Nursing.....	\$5,000
<i>Emergency</i> Dental Due to an Accidental Blow to the Mouth.....	\$2,000
<i>Emergency</i> Relief of Dental Pain.....	\$300
Major Event Return Home.....	\$3,000
Vehicle Return.....	\$2,500
<i>Emergency</i> Return Home.....	Eligible Expenses
Expenses Related to Your Death.....	\$5,000
Removal of a Cast or Stitches after an <i>Emergency</i>	\$300
Child Return Under Your Care.....	Eligible Expenses
Subsistence Allowance.....	\$1,500
Bedside Companion Travel Care.....	Eligible Expenses
<i>Emergency</i> Paramedical/Professional Services.....	\$250 per practitioner

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

24 HOUR WORLDWIDE *EMERGENCY* MEDICAL ASSISTANCE
See the policy at www.tis.ca for full details.

COVID-19 Pandemic Coverage

The **TravelHealth Medical Plan** 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 4e on the front 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.

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 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 **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 4 of this Brochure.

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 box 4f on the Front of the Application for Insurance.

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

Medical Requirements for Plan Categories

If you are eligible for this insurance, as per the Eligibility Requirements on the Back of the Application for Insurance, you must choose the correct plan based on your answers to the Medical Requirements for Plan Categories as shown below. If you are waiting for a test to confirm or rule out a condition, you must answer “YES” to that condition or the insurance may be void. If you are unsure of your medical history or conditions, check with your physician.

Terms that are *italicized* and underlined have specific meanings and are defined on page 3 of this Brochure in “Definitions”. Please be sure to refer to them while reviewing these medical questions.

When answering the medical questions, your answers must be complete and accurate. If any of your answers are found to be incorrect or incomplete, your coverage may be void. It is your responsibility to read and understand these medical questions in full.

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 conditions or statements 1.(i) to 1.(iv), 2., or 3. below, you qualify for **Plan 5**.

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

1. 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:

- (i) heart condition;
- (ii) Cerebral Vascular Accident (CVA, stroke);
- (iii) Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis); or
- (iv) carotid artery stenosis of 50% or more [narrowing, blockage or clogging of any blood vessel(s) in the neck].

2. You have, 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 medication or getting into or out of a chair or bed).

3. You have had your most recent coronary artery by-pass, coronary angioplasty or stent insertion over 15 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 conditions or statements 1.(i) to 1.(viii), 2., 3. or 4. below, you qualify for **Plan 3**.

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

1. 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:

- (i) 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);
- (ii) Stage IV Kidney (renal) Failure;
- (iii) a liver condition;
- (iv) dementia (includes Alzheimer's disease);
- (v) diabetes requiring insulin (or any other injectable medication required to control diabetes);
- (vi) 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);
- (vii) Transient Ischemic Attack (TIA, mini-stroke); or
- (viii) lung condition.

2. In the 12 months prior to your departure date, you have been prescribed or taken Prednisone (includes equivalent steroid medication) in pill form for a lung condition for more than 21 consecutive days.

3. In the 12 months prior to your departure date, you have been prescribed or taken, Lasix (Novo-Semide/Furosemide) for any reason for more than 21 consecutive days.

4. 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 conditions or statements in 1.(i) to 1.(v), 2. or 3. below, you qualify for **Plan 2**.

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

1. 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:

- (i) diabetes requiring oral medication;
- (ii) bowel condition or gastrointestinal bleed;
- (iii) 2 or more episodes of a Urinary Tract Infection (UTI);
- (iv) kidney stone(s) [unless the stone(s) are no longer present]; or
- (v) gallstone(s) [unless the gallstone(s) have been removed] or pancreatitis.

2. In the 12 months prior to your departure date you have been prescribed or taken 3 or more medications that modify your blood pressure.

3. 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 base 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.
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 — **Deductibles (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 4g)** which apply.
10. In order to calculate your total premium, add lines **3**. and **4a to 4g** 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 required 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, 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.



THE MINIMUM PREMIUM IS \$20 PER PERSON.

BASE 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	3.61	4.17	4.49	5.75	7.89	12.51	21.06	29.20	34.40	
64-84	3.81	4.38	4.71	6.05	8.28	13.14	22.11	30.66	36.13	
85-105	3.96	4.60	4.96	6.34	8.67	13.78	22.23	32.14	37.84	
106-126	4.17	4.80	5.18	6.62	9.06	13.96	23.22	33.59	39.56	
127-183	4.34	5.03	5.63	7.11	9.46	14.02	23.26	33.64	41.27	
184+	4.69	5.43	6.12	7.68	10.53	15.81	26.27	37.96	44.71	
Multi-trip										
8 day	\$ 95	102	111	137	171	198	219	257	N/A	
16 day	117	122	129	159	207	244	625	N/A	N/A	
32 day	222	231	244	305	390	461	1,110	N/A	N/A	
62 day	477	498	524	653	842	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	4.69	5.43	5.85	7.50	10.27	16.26	27.36	37.96	44.71	
64-84	4.94	5.71	6.15	7.86	10.77	17.05	28.73	39.86	46.96	
85-105	5.17	5.96	6.45	8.24	11.28	17.89	28.88	41.74	49.18	
106-126	5.41	6.24	6.72	8.61	11.78	18.13	30.22	43.66	51.42	
127-183	5.63	6.52	7.34	9.24	12.30	18.23	30.25	43.71	53.67	
184+	6.10	7.06	7.96	10.01	13.68	20.57	34.16	49.34	58.13	
Multi-trip										
8 day	\$122	131	140	175	223	253	294	352	N/A	
16 day	149	156	166	202	266	312	690	N/A	N/A	
32 day	285	298	315	393	505	597	1,180	N/A	N/A	
62 day	616	646	681	848	1,093	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	5.81	6.67	7.20	9.23	12.62	20.01	33.68	46.70	55.02	
64-84	6.07	7.04	7.55	9.69	13.24	21.02	35.36	49.07	57.78	
85-105	6.37	7.36	7.92	10.13	13.87	22.01	35.56	51.41	60.53	
106-126	6.65	7.68	8.28	10.60	14.51	22.31	37.17	53.73	63.29	
127-183	6.94	8.01	9.04	11.38	15.15	22.43	37.26	53.81	66.05	
184+	7.53	8.68	9.79	12.30	16.85	25.31	42.05	60.75	71.53	
Multi-trip										
8 day	\$148	159	170	213	271	337	494	N/A	N/A	
16 day	183	190	202	245	322	425	910	N/A	N/A	
32 day	348	363	386	479	617	810	1,590	N/A	N/A	
62 day	756	786	841	1,035	1,341	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	7.40	8.56	9.21	11.79	16.15	25.61	43.09	59.80	70.42	
64-84	7.78	8.99	9.66	12.38	16.97	26.89	45.24	62.78	73.94	
85-105	8.16	9.42	10.12	12.98	17.76	28.18	45.52	65.77	77.46	
106-126	8.54	9.83	10.59	13.55	18.57	28.61	47.57	68.76	81.00	
127-183	8.90	10.26	11.57	14.55	19.37	28.70	49.66	68.86	84.51	
184+	9.63	11.13	12.53	15.77	21.56	32.38	53.78	77.72	91.54	
Multi-trip										
8 day	\$196	210	225	284	359	465	N/A	N/A	N/A	
16 day	244	253	269	324	431	940	N/A	N/A	N/A	
32 day	467	484	517	637	824	N/A	N/A	N/A	N/A	
62 day	1,017	1,056	1,122	1,388	1,797	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	9.53	11.01	11.88	15.21	20.82	33.01	55.57	77.09	90.79	
64-84	10.04	11.57	12.46	15.96	21.86	34.66	58.36	80.94	95.35	
85-105	10.50	12.14	13.06	16.71	22.89	36.33	58.68	84.80	99.87	
106-126	10.96	12.68	13.65	17.49	23.95	36.96	61.35	88.65	104.41	
127-183	11.46	13.24	14.90	18.75	24.97	37.02	64.01	92.52	108.97	
184+	12.40	14.32	16.15	20.31	27.81	41.75	69.34	100.22	118.03	
Multi-trip										
8 day	\$260	276	299	376	479	N/A	N/A	N/A	N/A	
16 day	324	336	359	434	574	N/A	N/A	N/A	N/A	
32 day	623	649	690	854	1,103	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.

Deductibles (US\$) Once you have established your deductible, and if it is US\$75 or more, you can receive additional deductible savings as follows:

- Visit to a stand-alone clinic or doctor's office: **Further reduction of US\$50**
- Visit to a hospital or any emergency room: **No Further reduction**

Premium Savings with Higher Deductibles

You can choose a higher deductible for a reduction to your premium.
 US\$500...-5% US\$1,000...-15% US\$5,000...-25% US\$10,000...-30%

For a \$0 deductible on all claims, add 10% to your premium.

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 2020-2021

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
Date of Birth		Government Health Plan # & version code	Postal Code
dd	mm	yy	
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 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, 2021)		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, 2021) 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 <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 4g .		
4a \$	Deductible Option (Choose your deductible from Deductibles (US\$) 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 <i>pre-existing condition stability</i> 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 <i>medication</i> that was prescribed more than 3 months prior to your departure date, you can reduce the <i>stability</i> period for the medical condition that the <i>medication treats</i> 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 or cannabis products , calculate 20% of line 3. Subtotal and enter the result in box 4d	\$ 4d
4e \$	For upgraded COVID-19 Coverage up to \$2,000,000, add 10% of line 3 Subtotal and enter the result in box 4e	\$ 4e
4f \$	ADD-ON BUNDLE: See details on page 1 of Brochure. If an Applicant wishes to purchase these benefits, enter \$45 in box 4f	\$ 4f
4g \$		\$ 4g
\$	← Applicant 1 total...Total of lines 3. and 4a to 4g...Applicant 2 total →	\$

APPLICANT 1 TOTAL + APPLICANT 2 TOTAL	\$	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> For installments, call us for details.	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 →	CREDIT CARD DETAILS	
		Card # _____ 3 Digit Code: _____ Expiry Date: _____ / _____ Month Year	

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 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).

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 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.

Declaration and Authorization

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

I am applying for the TravelHealth Medical Plan (THMP) 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 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, 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 THMP 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 THMP 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 a THMP 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 THMP 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, 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 stated above) 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 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 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).