



### APPLICANT 1

### APPLICANT INFORMATION

### APPLICANT 2

Last name		Last name	
First name	Phone	First name	Phone
Date of Birth dd mm yy	Government Health Plan # & version code	Date of Birth dd mm yy	Government Health Plan # & version code
Address in Canada		Family Doctor	
Street	City	Name	Phone
Province	Postal Code	<b>Mail this Application and payment to: Travel Insurance Specialists Ltd.          Box 93060 Newmarket East P.O.          1111 Davis Dr. Newmarket ON L3Y 8K3          (Or fax Application to 1 800 465 1672)</b> Your policy, income tax receipt and wallet cards will be mailed to You as soon as Your payment is processed.	
E-mail address (if any)			
Family Doctor			
Name	Phone		

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

### Section 1 - ELIGIBILITY REQUIREMENTS

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

**If you cannot meet all of the Eligibility Requirements, stated below, on the departure date of any trip, you are not eligible for coverage under the A La Carte Travel Insurance policy.**

- You must not have:
  - ever been diagnosed with Congestive Heart Failure [CHF];
  - had your most recent coronary artery by-pass, angioplasty or stent before January 1, 1999;
  - an aneurysm that has not been surgically repaired; or
  - been advised by any physician not to travel on your trip.
- In the past 24 months you must not have:
  - received treatment or taken medication for a terminal illness;
  - required dialysis; or
  - been prescribed home oxygen.
- In the past 12 months you must not have been hospitalized for 24 or more consecutive hours for:
  - stroke [CVA] or mini-stroke [TIA] (transient ischemic attack);
  - heart condition;
  - blood clot(s); or
  - lung condition.
- In the past 12 months you must not have:
  - been prescribed or taken a total of 5 or more medications for one or more of the following conditions:
    - stroke [CVA] or mini-stroke [TIA] (transient ischemic attack);
    - heart condition;
    - high blood pressure (hypertension);
    - diabetes;
    - bowel condition;
    - kidney (or renal) failure;
    - liver disorder; or
    - lung condition.
  - had a coronary angioplasty or stent; or
  - received treatment for metastatic cancer.

**Note:** Nitroglycerine in any form or insulin must be counted as a medication. Do not include medication for high cholesterol when answering Question 4 a).

**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.

### Section 2 – BASIC EMERGENCY MEDICAL COVERAGE INCLUDES

2009 – 2010 Travel Season

#### EMERGENCY Medical Expense (CDN\$)

(a) Emergency Medical Services-Resident of Canada	up to	Maximum Limit chosen	(g) Vehicle Return	up to	\$1,500
(b) Emergency Paramedical/Professional Services	up to	\$250/practitioner	(h) Emergency Evacuation & Repatriation		Eligible Expenses
(c) Emergency Ambulance Transportation		Eligible Expenses	(i) Subsistence Allowance	up to	\$1,500 per person
(d) Emergency Dental Due to Accidental Blow to the Mouth	up to	\$2,000	(j) Expenses Related to your Death	up to	\$5,000 per person
(e) Emergency Relief of Dental Pain	up to	\$300	(k) Bedside Companion Travel		Eligible Expenses
(f) Child Return under your care		Eligible Expenses	(l) 24 Hour Emergency Medical Assistance		Unlimited

**NOTE:** If you choose **not** to upgrade the Basic Emergency Medical Coverage, you will have an overall maximum coverage limit of \$50,000 for all benefits.

(see **I. UPGRADE YOUR BASIC COVERAGE FROM \$50,000** on the next page)

**\$200 US deductible applies to each claim occurrence**

(see **II** on the next page for other deductible options)

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

**Questions?**

**1-800-563-0314** or **INFO@TIS.CA**

*This worksheet must be completed by each applicant.*

If **FAXING** this application, please enter your **policy number** in the box below:

**ALC**

<b>APPLICANT 1 Score</b>	<b>APPLICANT 2 Score</b>
Name:	Name:

	<b>BASIC COVERAGE</b>	<input checked="" type="checkbox"/> + 100	<input checked="" type="checkbox"/> + 100
<b>I. UPGRADE YOUR BASIC COVERAGE FROM \$50,000</b>	\$100,000	<input type="checkbox"/> + 15	<input type="checkbox"/> + 15
Increased limits apply to section <b>2 (a)</b> on page 1 and to the overall maximum benefit payable.	\$250,000	<input type="checkbox"/> + 20	<input type="checkbox"/> + 20
	\$1,000,000	<input type="checkbox"/> + 25	<input type="checkbox"/> + 25
<b>II. CHANGE YOUR DEDUCTIBLE FROM \$200US</b>	For \$0 US deductible	<input type="checkbox"/> + 15	<input type="checkbox"/> + 15
For \$500 US, \$1,000 US, \$2,500 US, \$5,000 US and \$10,000 US deductibles, fill-in your choice and see page 4. for point values to subtract.	For \$_____ US deductible	<input type="checkbox"/> - _____	<input type="checkbox"/> - _____

For the completion of **III & IV**, if you are unsure of your medical history or conditions, check with your doctor.

If your answer is "YES" to any of the questions in **A. – G.**, you must **CHECK that box** and **ADD the point value** of the question to your Score.

**III. 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 Date of Departure, you must contact us to adjust your Score and Premium.

<b>A.</b> Have you used tobacco products <u>at any time</u> in the last 12 months?	<input type="checkbox"/> + 30	<input type="checkbox"/> + 30
<b>B.</b> Was your last <u>complete medical examination</u> more than 18 months ago?	<input type="checkbox"/> + 25	<input type="checkbox"/> + 25
<b>C.</b> In the last 6 months have you been prescribed or taken <u>any medication</u> for, or as the result of a <u>heart condition</u> or blood clot(s)?	<input type="checkbox"/> + 45	<input type="checkbox"/> + 45
<b>D.</b> In the last 3 months have you had diabetes requiring <u>medication</u> (includes insulin) and, in addition, during the same 3 month period, have you had high blood pressure (hypertension) requiring <u>medication</u> ?	<input type="checkbox"/> + 40	<input type="checkbox"/> + 40
<b>E. In the last 12 months, have you:</b>		
1) been prescribed or taken cholesterol <u>medication</u> ?	<input type="checkbox"/> + 15	<input type="checkbox"/> + 15
2) been prescribed or taken Coumadin (Warfarin)?	<input type="checkbox"/> + 35	<input type="checkbox"/> + 35
3) been prescribed or taken, for 30 or more consecutive days, Prednisone (or equivalent steroid <u>medication</u> ) in pill form or Lasix (Novo-Semide/Furosemide)?	<input type="checkbox"/> + 40	<input type="checkbox"/> + 40
4) had cancer requiring surgery, chemotherapy, radiation and/or laser therapy (excluding removal of skin lesions)?	<input type="checkbox"/> + 35	<input type="checkbox"/> + 35
5) been prescribed or taken <u>medication</u> for anxiety?	<input type="checkbox"/> + 10	<input type="checkbox"/> + 10
6) received <u>treatment</u> for urinary tract infection [UTI], urinary retention, kidney stone(s), gallstone(s) or pancreatitis?	<input type="checkbox"/> + 15	<input type="checkbox"/> + 15
7) had an episode of pneumonia?	<input type="checkbox"/> + 25	<input type="checkbox"/> + 25
8) been prescribed or taken 3 or more <u>medications</u> for high blood pressure (hypertension)?	<input type="checkbox"/> + 30	<input type="checkbox"/> + 30
9) been prescribed or taken 2 or more <u>medications</u> (including inhalers) for a <u>lung condition</u> ?	<input type="checkbox"/> + 30	<input type="checkbox"/> + 30
10) been prescribed or taken <u>medication</u> for dementia (including Alzheimer's Disease)?	<input type="checkbox"/> + 40	<input type="checkbox"/> + 40
11) had a blood transfusion for anemia?	<input type="checkbox"/> + 40	<input type="checkbox"/> + 40
12) received <u>treatment</u> for syncope or fainting?	<input type="checkbox"/> + 50	<input type="checkbox"/> + 50
13) had a gastrointestinal bleed?	<input type="checkbox"/> + 15	<input type="checkbox"/> + 15
<b>F. In the last 24 months, have you:</b>		
1) been diagnosed with a stroke [CVA] or mini-stroke [TIA] (transient ischemic attack)?	<input type="checkbox"/> + 40	<input type="checkbox"/> + 40
2) been diagnosed with, received <u>treatment</u> for or taken <u>medication</u> for a <u>bowel condition</u> ?	<input type="checkbox"/> + 50	<input type="checkbox"/> + 50
3) had a bowel obstruction or bowel surgery?	<input type="checkbox"/> + 40	<input type="checkbox"/> + 40
<b>G.</b> Do you have Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis) or Carotid Stenosis [blocked or clogged blood vessel(s) in the neck]?	<input type="checkbox"/> + 40	<input type="checkbox"/> + 40

**IV. BUY DOWN YOUR PRE-EXISTING MEDICAL CONDITION CLAUSE**

Your coverage includes a pre-existing medical condition clause that will cover eligible expenses for a medical condition that was stable in the **6 months** prior to the departure date of any trip.  
♦ You can change your pre-existing medical condition clause to cover eligible expenses for a medical condition that was stable in the **3 months** prior to the departure date of any trip.

<input type="checkbox"/> + 25	<input type="checkbox"/> + 25
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**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.**

<b>Applicant 1 Score</b>	<b>Applicant 2 Score</b>
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**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.

**TRANSFER THE SCORE ABOVE TO LINE 1 ON PAGE 3 FOR EACH APPLICANT**

<b>NOTE: You must complete the option worksheet (page 2) before completing this section</b>	<b>Name of Applicant 1 (print)</b>	<b>Name of Applicant 2 (print)</b>
<b>Date of Departure</b> (This is the day you leave Canada)	dd mm yy	dd mm yy
<b>Date Coverage Begins</b> (Policy Effective Date) (If "topping-up", this is the day after your other coverage ends)	dd mm yy	dd mm yy
<b>Date Coverage Ends</b> (Policy Expiry Date) (Must be before September 30, 2010 for single trips)	dd mm yy	dd mm yy
<b>Total Number of Days Required</b> (Count both the Date Coverage Begins and the Date Coverage Ends)		

**ALC Gold Upgrade**

If you have already chosen the \$1,000,000 maximum benefit payable, to increase the overall maximum benefit payable to \$5,000,000 and to increase Paramedical/Professional to \$500, Dental pain to \$500 and Vehicle Return to \$2000, simply add to your score carried over from the Option Worksheet (box 1 below) according to the following table: (not available if score over 300)  
 score up to 125: + 25; score 126-150: + 30; score 151-175: + 35; score 176-200: + 40; score 201-250: + 50; score 251-300: + 60;

<b>Calculate Your Premium:</b>  <b>How to calculate your Premium:</b> 1. Add line 2 and line 3 and enter on line 4 for each person. 2. Multiply amount in line 4 by FINAL SCORE ÷ 100 and enter on line 5 for each person. 3. Add each applicant's result from lines 5 and 6 and enter in <b>GRAND TOTAL DUE.</b>	<b>Score 1</b>	Option Worksheet Score: _____	ALC Gold Upgrade +	FINAL SCORE =	Option Worksheet Score: _____	ALC Gold Upgrade +	FINAL SCORE =
	Your rate from the Base Premium Rate Table	2 \$	8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 24 Day <input type="checkbox"/>		2 \$	8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 24 Day <input type="checkbox"/>	
	Annual Multi-trip Plan Selected?		32 Day <input type="checkbox"/> 39 Day <input type="checkbox"/>				
	Annual Multi-trip Premium (if selected)	3 \$			3 \$		
	<b>SUBTOTAL: 2 + 3 =</b>	4 \$			4 \$		
	<b>4 X FINAL SCORE ÷ 100 =</b>	5 \$			5 \$		
	Annual Federal Retiree Top-up Premium from Rate Table (optional)	6 \$			6 \$		
<b>GRAND TOTAL DUE</b>	Applicant 1 5 + 6 = \$ _____ + Applicant 2 5 + 6 = \$ _____		<b>Payment</b> Cheque <input type="checkbox"/>	<b>Credit Card Details:</b> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	Card # _____ 3 Digit Code _____ Expiry Date Month _____ Year _____		

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

**Section 4 - Declaration and Authorization**

I am applying for A La Carte Travel Insurance, underwritten by Co-operators Life Insurance Company (CLIC). 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 III. Underwriting Questions on the Option Worksheet form part of the application/policy which are material to the risk and consideration for the insurance for which I am applying. I declare that all the information I have provided on this application is true and complete. I understand that if I misrepresent any material information provided in this application, CLIC will void my policy coverage and I will not be covered for any benefits under the policy. Where I was unsure of my medical condition(s), as it pertains to this application for insurance, I consulted with my physician. I understand that in applying for coverage under the A La Carte Travel Insurance policy it is my responsibility to be aware of all my medical conditions whether or not disclosed to me by my physician. 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 CLIC 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, CLIC 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 and dated copy of this application has been received by Travel Insurance Specialists Ltd. In the event that this application is not accepted for any reason, I will receive a full refund. I understand that all terms, conditions, limitations and exclusions in the A La Carte Travel Insurance policy will apply and that only medical emergencies will be covered under this insurance. CLIC may use agents, brokers and service providers to collect, use, store and/or process personal information and personal health information on its behalf, and such information may be transferred to these entities for the purposes described herein. Personal information or personal health information may be collected, used, disclosed, transferred, stored or processed outside of Canada and may therefore be subject to legal requirements in such foreign countries. According to the Canadian PIPEDA (Personal Information Protection and Electronic Documents Act) and U.S. HIPAA (Health Insurance Portability and Accountability Act) Privacy Practices, this authorization remains valid until any claim pending or disputed under an A La Carte Travel Insurance policy issued as a result of this application is settled unless an applicable law specifies a shorter period, in which case it would expire within the period applicable under that law. I understand that my personal historical medical records may be requested as far back as needed to satisfy the terms and conditions of the A La Carte Travel Insurance policy. This will remain valid as long as there is a claim or dispute reported to CLIC. 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. I authorize CLIC, or any persons or entity acting for it, to collect, use and disclose personal information and personal health information about me that is necessary to assess underwriting risk and claims experience, underwrite and administer the insurance, investigate and settle claims and detect and prevent fraud for any insurance policy issued to me as a result of this application. For details of our privacy policy visit our website at: [www.cooperatorstravelinsurance.ca/privacyCooperators.php](http://www.cooperatorstravelinsurance.ca/privacyCooperators.php)

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

I understand that any change in my health status or medication(s) 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 my policy, or which would result in a change to my answer(s) to III. Underwriting Questions on the Option Worksheet, constitutes a material change to my policy and I must notify Travel Insurance Specialists Ltd. immediately.

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

<b>APPLICANT 1</b>	<b>Date</b> dd mm yy	<b>APPLICANT 2</b>	<b>Date</b> dd mm yy
<b>Applicant 1 Signature</b>		<b>Applicant 2 Signature</b>	

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

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

**2 Complete the Option Worksheet on page 2 of this application only if you are eligible**

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

**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 \$50,000. 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, 24 Day, 32 Day and 39 Day options).

**Basic Emergency Medical Coverage upgrade**—For full details, see **I** on page 2.

You can upgrade your coverage to a maximum limit of \$100,000 (add 15 points) or \$250,000 (add 20 points) or \$1,000,000 (add 25 points). \$5,000,000 is available, see **Section 3 - Premium Calculation** on page 3 for the ALC Gold Upgrade.

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

The A La Carte Travel Insurance policy has a \$200 US deductible per claim. However, you may choose a \$0 US deductible (add 15 points). The higher deductible options are: \$500 US (subtract 5 points), \$1,000 US (subtract 10 points), \$2,500 US (subtract 15 points), \$5,000 US (subtract 30 points), and \$10,000 US (subtract 40 points).

**Underwriting Questions** (Each applicant must complete this section) For full details, see **III** 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 Medical Condition Clause** — For full details, see point **IV** on page 2.

The A La Carte Travel Insurance policy contains a pre-existing medical condition clause that will cover eligible expenses incurred for a medical condition that was stable in the **6 months** prior to the departure date of any trip. You can "buy down" the period for a pre-existing medical condition to be covered if it was stable in the **3 months** prior to any departure date (add 25 points).

**3 Calculate your Premium on page 3 of this application**

- This season we are also offering the ALC Gold Upgrade. It will increase the maximum amount payable from \$1,000,000 to \$5,000,000 and also increase the maximum benefit for Paramedical/Professional to \$500, Dental pain to \$500 and Return of Vehicle to \$2,000. Based on the Option Worksheet score from the bottom of Page 2, you simply add the appropriate number of points for the ALC Gold Upgrade and the result is your FINAL SCORE. See **Section 3** on page 3.
- If you have coverage from the PSHCP plan for the first 40 days of each trip and wish to upgrade the maximum amount from \$500,000 to \$5,000,000, then select the premium shown on the rate table and enter it in line 6. Annual Federal Retiree Top-Up Premium. Follow the instructions carefully in order to calculate your individual premium and don't forget to fill in your important trip and coverage dates on this same page.

**4 Applicants 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, you (both applicants if applicable) must sign and indicate the date of your signature.

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

**NOTE: You must complete pages 1, 2 and 3 of this application in order to apply for coverage. Fax to: 1-800-465-1672 or:**

**MAIL TO: TRAVEL INSURANCE SPECIALISTS LTD. BOX 93060, Newmarket East P.O., 1111 Davis Dr., Newmarket ON L3Y 8K3**

**IMPORTANT:** You must notify Complete Claims Management Professionals Ltd. assistance within 24 hours of any claim or emergency medical or dental treatment. 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 Complete Claims Management Professionals Ltd. assistance unless your emergency 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.)

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

**Complete medical examination** means that you have visited a licensed physician where your medical history was updated, any symptoms were diagnosed and any tests requested or proposed were completed.

**Heart Condition(s)** includes: (i) abnormal heart rhythm; (ii) pacemaker or defibrillator insertion; (iii) heart attack (myocardial infarction); (iv) coronary artery disease (including angina); (v) coronary angioplasty or stenting; (vi) coronary artery by-pass; (vii) valvular disease of the heart; (viii) cardiomyopathy; or (ix) pericarditis.

**Lung condition** includes: Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, chronic asthma or emphysema. (This does not include seasonal allergies or a minor ailment).

**Medication** means any physician-prescribed drug or remedy used in the treatment of disease and the maintenance of health, including prescriptions (whether filled or not), insulin, or nitroglycerine (in any form, with or without a prescription). It does not include other drugs and remedies available without a prescription, including aspirin, 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 any follow up consultation to any medical provider beyond one assessment and includes the use of only one medication for a maximum of 14 days.

**Pre-Existing Medical 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.

**Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician, including but not limited to prescribed medication, investigative testing and surgery.

**Stable** 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, nor has there been any alteration in treatment prescribed or recommended by a physician or received within the period of time for the option you have selected.

**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); the decrease or elimination of a medication by a physician provided it had been changed more than 90 days prior to the Departure Date of any trip and has not had an effect on the stability of your medical condition during that period.

**Any questions? Call: 1-800-563-0314 or email: INFO@TIS.CA**



# A La Carte Travel Insurance

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

## Features of the A La Carte Plan 2009 – 2010 Travel Season



Available up to Age 94	8, 16, 24, 32 or 39 Day Annual Multi-Trip Plans
Up to \$5,000,000 of Coverage	ALC Gold Upgrade
Widely Available Mail – Phone – Internet	Pre-Ex Upgrade Option
Direct Payment to Hospitals	No Top-up Fee
Retiree Plan Protection up to \$100,000	Federal Retiree Top-up
One Simple Rate Table	Toll Free Numbers (Phone and Fax)
Unique Point System Helps Set Your Premium	Worldwide Emergency Medical Assistance 24 hours a day/7 days a week

. . . AND Great Rates!

## Purchasing A La Carte Travel Insurance — *the easy choice*

- 1) The best features of **A La Carte** are back for the 2009-2010 Travel Season! Our unique **personalized Option Worksheet**, with easy to understand options and questions, lets you tailor the plan to your individual need. With **one Rate Table**, you do not need to worry about whether or not you selected the proper plan—there is only one!
- 2) The Eligibility Requirements shown on page 1 of the 2009-2010 Application for Insurance have been changed to make them easier to follow and understand. More people qualify.
- 3) **Our friendly and experienced customer service staff** are trained to help you through the application process. By calling the toll free phone number below, our dedicated team will provide you with personal assistance.
- 4) **WWW.TIS.CA** continues to be a big hit with snowbirds! Hundreds of our clients have taken advantage of this valuable resource to download documents, get quotations, fill out the application on their computer and even **purchase** their **A La Carte Travel Insurance** online. The premium can be paid for using a credit card. The A La Carte Travel Insurance policy and wallet cards can then be downloaded and printed right away. This is the simplest way to buy snowbird insurance in Canada—great for last minute purchases.
- 5) If you cancel your policy **before** your departure date you will get a **full refund**. If you return home early from your trip and have not had a claim, you may qualify for a refund of your unused premium. We do **not have any service charges**.



*Let the choice be yours!*

Any questions? Please call us: **1-800-563-0314** or email us: **INFO@TIS.CA**



# A La Carte Travel Insurance

Created by Travel Insurance Specialists Ltd.

## How to Calculate the Premium Rate for each Applicant

- On page 2 of the Application for Insurance, complete **I**–Upgrade Your Basic Coverage from \$50,000, **II**–Change Your Deductible from \$200 US, **III**–Underwriting Questions and **IV**–Buy Down Your pre-existing medical condition Clause. Add up the total score and copy it to “Calculate Your Premium” in Section 3–**1** of the application on page 3. If you want to buy the ALC Gold Upgrade, add the points for it to the Option Worksheet score and enter the result as FINAL SCORE.
- Calculate your age at the Date of Departure from Canada.
- Using the correct age range column in the Base Premium Rate Table, follow down the column until you come to the day range for the number of Days you require coverage.
- Choose the base premium rate based on your age and the number of days you require coverage for.
- This rate is to be put in the “Calculate Your Premium” area in Section 3–**2** of the application on page 3 and will be used to calculate your overall premium.
- If you want to buy our Annual Multi-Trip Plan, check the box indicating the number of days you wish to purchase and put the premium from the Base Premium Rate Table into Section 3–**3**, on page 3 of the application.
- If you want to buy the Annual Federal Retiree Top-up, enter the premium from the rate table in line **6**.
- Follow the premium calculation instructions shown in Section 3 on page 3 under “How to Calculate Your Premium”.

Each applicant must sign the application at the bottom of page 3 and enter the date the application was completed.

Mail or fax (1-800-465-1672) the completed application including full payment (cheque or credit card). If you fax the application, you must still mail us the original completed application, signed and dated.

### Refunds

- If you are not eligible for the A La Carte Travel Insurance policy on the date you depart Canada, you can receive a refund of your premium. Contact **Travel Insurance Specialists Ltd.** at **1-800-563-0314**. No administration charge will be applied.
- If you return early from your trip, you may qualify for a refund for the unused days if you have not had a claim.
- Annual Multi-Trip premiums, Annual Federal Retiree Top-up premiums and premiums for any extension 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 Ltd.** 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.

Premiums for extensions will be based on the current rate table in effect when the extension is requested plus an increase of 10%.

Write your policy number here for your records:

**ALC**

## Base Premium Rate Table 2009–2010 Rates Effective January 26, 2010

DAYS	AGE								
	0-55	56-60	61-65	66-70	71-75	76-80	81-85	86-89	90-94
16 to 20	\$ 36	\$ 40	\$ 49	\$ 76	\$ 90	\$ 158	\$ 231	\$ 321	\$ 338
21 to 25	43	47	61	91	111	195	289	399	419
26 to 30	51	59	74	111	132	236	345	482	507
31 to 35	61	66	84	128	154	275	406	565	593
36 to 40	72	79	95	149	175	314	466	650	683
41 to 45	79	88	110	167	200	355	526	736	773
46 to 50	89	97	119	184	219	395	587	822	863
51 to 55	97	110	132	205	245	436	650	908	954
56 to 60	107	119	143	221	267	478	712	995	1,046
61 to 65	117	129	155	242	289	517	776	1,085	1,140
66 to 70	127	139	170	259	311	559	838	1,174	1,234
71 to 75	135	150	181	279	334	597	902	1,264	1,327
76 to 80	148	161	195	302	356	637	967	1,357	1,424
81 to 85	155	172	213	320	380	686	1,032	1,448	1,520
86 to 90	167	182	228	341	403	728	1,097	1,541	1,618
91 to 95	175	192	246	358	428	771	1,164	1,635	1,716
96 to 100	188	206	258	378	457	813	1,231	1,729	1,817
101 to 105	200	219	272	398	480	855	1,298	1,826	1,917
106 to 110	214	233	288	419	504	896	1,365	1,920	2,018
111 to 115	224	249	307	438	516	941	1,435	2,019	2,120
116 to 120	233	264	329	460	538	980	1,503	2,116	2,223
121 to 125	245	277	352	479	573	1,077	1,614	2,274	2,389
126 to 130	254	291	374	499	605	1,122	1,686	2,378	2,497
131 to 135	265	305	398	521	631	1,168	1,759	2,482	2,606
136 to 140	272	315	422	542	654	1,214	1,832	2,585	2,716
141 to 145	282	329	438	562	678	1,258	1,905	2,691	2,826
146 to 150	292	342	454	582	701	1,304	1,979	2,797	2,937
151 to 155	305	354	473	603	726	1,350	2,055	2,903	3,048
156 to 160	311	368	490	624	790	1,395	2,129	3,012	3,164
161 to 165	322	381	507	647	815	1,427	2,204	3,121	3,277
166 to 170	331	392	523	664	860	1,458	2,312	3,273	3,436
171 to 175	342	406	540	686	908	1,489	2,389	3,385	3,555
176 to 183	356	428	568	720	941	1,546	2,506	3,556	3,735

For trips of other durations, please call for rates

Annual Multi-Trip	AGE								
	0-55	56-60	61-65	66-70	71-75	76-80	81-85	86-89	90-94
8 Day Plan	34	36	43	49	67	92	160	238	N/A
16 Day Plan	50	63	71	87	105	140	201	282	N/A
24 Day Plan	63	68	75	117	144	237	340	N/A	N/A
32 Day Plan	81	91	104	150	190	319	N/A	N/A	N/A
39 Day Plan	113	128	145	209	267	N/A	N/A	N/A	N/A

Annual Federal Retiree Top-up		from \$500,000 to \$5,000,000								
First 40 Days	37	37	37	37	68	68	95	95	95	

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

Any questions? Please call us at: **1-800-563-0314**  
**WWW.TIS.CA INFO@TIS.CA**

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

**You can also purchase  
A La Carte online!**