



# TravelHealth Medical Plan

One of Canada's first Snowbird Plans

Travel Insurance  
Specialists (TIS)

Serving Canadian  
travellers for over  
25 Years

[www.tis.ca](http://www.tis.ca)

## PLAN HIGHLIGHTS

- 1 month stability option if you had a recent medication change (see Front of Application)
- A 90 day pre-existing condition stability period applies to all of our plans
- 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 cover trips in Canada (outside your province or territory)
- Standard deductible is US\$50. Buy down your deductible to \$0 for 5% extra
- Payment Plan option available on most policies (Call us for details)
- We accept cancellations or refund requests via telephone, mail, email or fax
- You can purchase online at [www.tis.ca](http://www.tis.ca) and pay your premium with VISA or MasterCard

## BENEFITS SUMMARY

### MAXIMUM LIMIT UP TO (in Canadian Dollars)

<b>EMERGENCY MEDICAL SERVICES</b> not related to COVID-19.....	<b>\$5,000,000</b>
COVID-19 Coverage, if fully COVID-19 vaccinated .....	<b>\$5,000,000</b>
If not fully COVID-19 vaccinated, COVID-19 Coverage.....	\$50,000*
<u>Emergency</u> Ambulance Transportation.....	Eligible Expenses
Private Nursing.....	\$5,000
<u>Emergency</u> Dental Due to an Accidental Blow to the Mouth.....	\$2,000
<u>Emergency</u> Relief of Dental Pain.....	\$300
Major Event Return Home.....	\$3,000
Vehicle Return.....	\$2,500
<u>Emergency</u> Return Home.....	Eligible Expenses
Expenses Related to Your Death.....	\$5,000
Removal of a Cast or Stitches after an <u>Emergency</u> .....	\$300
Child Return Under Your Care.....	Eligible Expenses
Subsistence Allowance.....	\$1,500
Bedside Companion Travel Care.....	Eligible Expenses
<u>Emergency</u> Paramedical/Professional Services.....	\$250 per practitioner

\* Does not cover inpatient services.

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](http://www.tis.ca) for full details.

Rates can change at anytime without notice.

If you have a quote from another plan, we may  
be able to offer you a lower price. **Call us.**

## Questions?

BC, AB, SK: **1-888-694-6666** QC: **1-888-830-6760**  
ON, MB, Rest of Canada: **1-800-563-0314**  
Email: [info@tis.ca](mailto:info@tis.ca) Web: [www.tis.ca](http://www.tis.ca)

## COVID-19 Coverage Details

The **TravelHealth Medical Plan** provides up to \$5,000,000 of COVID-19 coverage if you are fully COVID-19 vaccinated as defined below. This also includes \$2500 (maximum \$200 per day) for COVID-19 related expenses due to quarantine from a positive COVID-19 test outside of Canada.

Should you want a lower maximum limit for COVID-19 coverage, we offer a limit of \$100,000 for testing, outpatient services and doctor's office/clinic visits (does not cover inpatient services). You will save 5% of your premium if you choose this option. See box **4d** on the Application for Insurance.

COVID-19 coverage is included for cruises provided you are fully COVID-19 vaccinated.

If you are not fully COVID-19 vaccinated as defined below, you will have a maximum limit for COVID-19 coverage of \$50,000. This will be for testing, outpatient services and doctor's office/clinic visits (does not cover inpatient services).

**Fully COVID-19 vaccinated:** means at least two weeks prior to your departure date, you have had the second shot of a Canadian government approved 2-dose COVID-19 vaccine, or the single shot of a Canadian government approved single-dose COVID-19 vaccine. Proof of vaccination(s) is required at claim time if requested.

NOTE: For emergency medical services not related to COVID-19, the maximum coverage limit is \$5,000,000.

## 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 Requirements below, you 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 Requirements 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. Have you ever received treatment for, been prescribed or taken medication for, or had a diagnosis of:

- (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. 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 medication or getting into or out of a chair or bed).

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

**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**.

**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**.

1. In the 12 months prior to your departure date, have you received treatment for, been prescribed or taken medication for, or had a diagnosis of:

- (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 surgery);
- (vii) Transient Ischemic Attack (TIA, mini-stroke); or
- (viii) lung condition.

2. In the 12 months prior to your departure date, have you received treatment for, been prescribed or taken medication for or had a diagnosis of Parkinson's Disease, Muscular Dystrophy, Cerebral Palsy, Myasthenia Gravis or Multiple Sclerosis.

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

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

If you qualify for **Plan 4** or **Plan 3** 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 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**.

**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**.

1. In the 12 months prior to your departure date, have you received treatment for, been prescribed or taken medication for, or had a diagnosis of:

- (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, have you been prescribed or taken 3 or more medications that modify your blood pressure.

3. Was your last complete medical examination more than 24 months prior to your departure date.

If you qualify for **Plan 3** or **Plan 2** 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 us   Email: [info@tis.ca](mailto:info@tis.ca)   Web: [www.tis.ca](http://www.tis.ca)

Questions? Call us BC, AB, SK: 1-888-694-6666 QC: 1-888-830-6760 ON, MB, Rest of Canada: 1-800-563-0314

**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 \$5,000,000 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 on 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 other **Adjustments (4a to 4e)** which apply.
10. In order to calculate your total premium, add lines 3. and 4a to 4e 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 for Insurance along with the required premium to the appropriate address below.

### MAIL: TRAVEL INSURANCE SPECIALISTS

**BC, AB, SK:**

PO Box 3028

Mission, BC V2V 4J3

**Fax: 1-866-311-1181**

**QC:**

PO Box 4648

Rawdon, QC J0K 1S0

**Fax: 1-877-662-8686**

**ON, MB, Rest of Canada:**

PO Box 93060

Newmarket, ON L3Y 8K3

**Fax : 1-800-465-1672**

**EMAIL: info@tis.ca**

13. **These documents are not your policy.** We will send your policy, wallet cards and a receipt once your Application for Insurance has been accepted and your premium has been processed, or visit [www.tis.ca](http://www.tis.ca) to download the policy.
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 or consulted by telephone 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 <i>emergency treatment</i> for a <i>pre-existing condition</i> that was <i>stable</i> in the 90 DAYS prior to any Departure Date.									
Number of days		AGE								
		1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip	1-63	3.74	4.31	4.65	5.96	8.17	12.22	20.59	28.54	33.63
	64-84	3.94	4.53	4.88	6.27	8.57	12.85	21.61	29.97	35.32
	85-105	4.09	4.76	5.13	6.57	8.97	13.47	21.74	31.42	36.98
	106-126	4.31	4.97	5.36	6.85	9.37	13.65	22.70	32.83	38.67
	127-183	4.50	5.21	5.83	7.36	9.79	13.71	22.74	32.88	40.34
	184 +	4.85	5.62	6.34	7.95	10.90	15.46	25.68	37.11	43.70
Multi-trip	8 day	99	106	115	141	177	193	214	251	N/A
	16 day	121	127	133	164	214	238	611	N/A	N/A
	32 day	230	239	253	316	404	451	1086	N/A	N/A
	62 day	493	515	543	676	872	N/A	N/A	N/A	N/A

PLAN 2	Covers <i>emergency treatment</i> for a <i>pre-existing condition</i> that was <i>stable</i> in the 90 DAYS prior to any Departure Date.									
Number of days		AGE								
		1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip	1-63	4.85	5.62	6.06	7.76	10.63	15.89	26.75	37.11	43.70
	64-84	5.12	5.91	6.37	8.13	11.14	16.66	28.08	38.96	45.91
	85-105	5.35	6.16	6.68	8.53	11.67	17.49	28.23	40.80	48.07
	106-126	5.60	6.46	6.96	8.91	12.19	17.72	29.54	42.68	50.27
	127-183	5.83	6.75	7.60	9.57	12.73	17.83	29.57	42.72	52.46
	184 +	6.31	7.30	8.23	10.36	14.16	20.10	33.40	48.23	56.82
Multi-trip	8 day	127	136	145	182	231	247	288	344	N/A
	16 day	154	161	171	209	275	305	675	N/A	N/A
	32 day	296	308	327	407	523	583	1,153	N/A	N/A
	62 day	637	668	705	877	1,132	N/A	N/A	N/A	N/A

PLAN 3											PLAN 4										
Covers <u>emergency treatment</u> for a <u>pre-existing condition</u> that was <u>stable</u> in the 90 DAYS prior to any Departure Date.											Covers <u>emergency treatment</u> for a <u>pre-existing condition</u> that was <u>stable</u> in the 90 DAYS prior to any Departure Date.										
Number of days		AGE									Number of days		AGE								
		1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94			1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip	1-63	6.01	6.90	7.45	9.56	13.06	19.56	32.92	45.66	53.79	Single Trip	1-63	7.66	8.86	9.53	12.20	16.72	25.04	42.12	58.45	68.84
	64-84	6.28	7.29	7.82	10.03	13.71	20.55	34.57	47.97	56.48		64-84	8.05	9.30	9.99	12.81	17.56	26.29	44.22	61.36	72.28
	85-105	6.59	7.61	8.20	10.49	14.35	21.52	34.76	50.26	59.17		85-105	8.44	9.75	10.48	13.43	18.38	27.54	44.49	64.29	75.72
	106-126	6.89	7.95	8.57	10.97	15.02	21.80	36.33	52.52	61.87		106-126	8.84	10.18	10.96	14.03	19.22	27.97	46.49	67.22	79.18
	127-183	7.19	8.29	9.36	11.78	15.69	21.93	36.42	52.60	64.56		127-183	9.21	10.61	11.97	15.07	20.04	28.06	48.54	67.31	82.60
	184 +	7.80	8.98	10.13	12.73	17.45	24.74	41.10	59.39	69.92		184 +	9.97	11.52	12.97	16.32	22.31	31.65	52.57	75.97	89.48
Multi-trip	8 day	153	164	176	221	281	329	483	N/A	N/A	Multi-trip	8 day	202	217	233	294	371	454	N/A	N/A	N/A
	16 day	190	197	209	254	334	415	890	N/A	N/A		16 day	253	262	278	336	446	919	N/A	N/A	N/A
	32 day	360	376	399	496	638	792	1,555	N/A	N/A		32 day	483	501	535	659	853	N/A	N/A	N/A	N/A
	62 day	782	813	871	1,072	1,388	N/A	N/A	N/A	N/A		62 day	1,052	1,093	1,162	1,436	1,860	N/A	N/A	N/A	N/A

PLAN 5		Covers <u>emergency treatment</u> for a <u>pre-existing condition</u> that was <u>stable</u> in the 90 DAYS prior to any Departure Date.								
		AGE								
Number of days		1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip	1-63	9.87	11.40	12.29	15.74	21.55	32.27	54.31	75.36	88.75
	64-84	10.40	11.97	12.89	16.51	22.62	33.88	57.05	79.12	93.21
	85-105	10.87	12.57	13.51	17.30	23.69	35.51	57.36	82.89	97.62
	106-126	11.34	13.12	14.13	18.10	24.79	36.13	59.97	86.65	102.06
	127-183	11.86	13.71	15.42	19.41	25.84	36.19	62.57	90.44	106.51
	184 +	12.83	14.82	16.72	21.02	28.78	40.81	67.78	97.97	115.38
Multi-trip	8 day	269	285	309	389	496	N/A	N/A	N/A	N/A
	16 day	336	347	371	450	595	N/A	N/A	N/A	N/A
	32 day	645	672	714	884	1,142	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\$)**  
The standard deductible is US\$50  
Premium Savings with Higher Deductibles

You can choose a higher deductible for a reduction to your premium

US\$250...-5% US\$500...-10% US\$1,000...-15%  
US\$5,000...-30% US\$10,000...-40%

For a \$0 deductible on all claims, add 5% 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.

<b>Applicant 1</b>	Total Trip days	—	Other coverage days	=	Single Trip Days	x	Daily Rate	=	Single Trip Premium
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
<b>Applicant 2</b>	Total Trip days	—	Other coverage days	=	Single Trip Days	x	Daily Rate	=	Single Trip Premium
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>





# TravelHealth Medical Plan

One of Canada's first Snowbird Plans

Underwritten by Industrial Alliance Insurance and Financial Services Inc.

— Front —

## Application for Insurance

BC, SK, AB: 1-888-694-6666  
QC: 1-888-830-6760  
ON, MB, Rest of Canada: 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			
Address in Canada for Applicant 1					
Street		City		Province	
Postal Code					
Date of Birth dd mm yy		Government Health Plan # & version code		Date of Birth dd mm yy	
Government Health Plan # & version code					
Phone/Cell #		E-mail address (if any)		Phone/Cell #	
E-mail address (if any)					
Family Doctor Name		Phone		Family Doctor Name	
Phone				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 12:01 AM 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, 2022)		dd mm yy	
Coverage for _____ 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 for _____ days	
dd mm yy		Annual Multi-Trip Plan Effective Date (if selected) (Must be before July 31, 2022) 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 \$	1. Annual Multi-Trip Plan Premium (if chosen) <input type="checkbox"/> 8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 32 Day <input type="checkbox"/> 62 Day (select one)	\$	1
2 \$	2. Single Trip Plan Premium (See Calculation instructions on pages 3 and 4 of the Brochure)	\$	2
3 \$	3. Subtotal: Total of lines 1 + 2	\$	3
4	4. Adjustments Each Applicant must insert the premium that applies to each selected Adjustment 4a to 4e		4
4a \$	Deductible Option (Choose your deductible from Deductibles (US\$) on page 4 of the Brochure). Multiply the % for your deductible by line 3 and indicate if this amount is to be added or subtracted (+ or -)	\$	4a
4b \$	If you had a replacement, elimination or an increase/decrease in dosage or frequency of a medication that was prescribed more than 90 days 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% of line 3	\$	4b
4c \$	If at any time in the 24 months prior to your departure date, you have used any tobacco or cannabis products, add 20% of line 3	\$	4c
4d \$	If you are fully COVID-19 vaccinated reduce your maximum limit to \$100,000 for COVID-19 coverage (excludes COVID-19 inpatient services), subtract 5% of line 3	\$	4d
4e \$	If you are fully COVID-19 vaccinated but have not received a Canadian government approved COVID-19 booster shot prior to departing on your trip, add 5% of line 3	\$	4e
\$	Applicant 1 Total	Total of lines 3 and 4a to 4e	Applicant 2 Total

APPLICANT 1 TOTAL + APPLICANT 2 TOTAL

\$

Make cheques payable to:  
Travel Insurance Specialists

GRAND TOTAL DUE

or complete

Visa or Mastercard

Card #

3 Digit Code:

CVD

Expiry Date:

Month

Year

For installments, call us for details.

Make sure that each applicant reads, signs and dates the Declaration and Authorization on the reverse side.

## 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:

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

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

**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 Brochure and Application for Insurance (including the Eligibility Requirements) form part of the policy and they are all 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