



# A La Carte Travel Insurance

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

**NEW**

## More Improvements to Our Plan This Season . . .

- ✱ **Improved Eligibility Requirements** means that more people can qualify to purchase this plan
- ✱ **Major Event Return Home benefit** now included with your Single Trip or Annual Multi-Trip policy
- ✱ an older **coronary artery by-pass, coronary angioplasty or stent insertion** up to 20 years ago is now **eligible for coverage**
- ✱ **Annual Multi-Trip** policies now also include coverage for trips **in Canada** (outside your province)
- ✱ **hips or knees that were replaced** more than 12 months ago are no longer a policy exclusion

👉 See the policy at [WWW.TIS.CA](http://WWW.TIS.CA) for full details

### A La Carte Travel Insurance — the same great plan!

Back again this season is our unique personalized Option Worksheet, with easy to understand options and questions, that lets you tailor the plan to your individual needs. With one Rate Table, you do not need to worry about whether or not you selected the proper plan—there is only one!



### NO-CLAIM Deductible Credit

If you were insured last season under any of the Travel Insurance Specialists products and did not report a claim, your **\$300US** deductible will be **reduced to \$250US** when purchasing **A La Carte Travel Insurance** this season. Also, if you did not report a claim in the last 2 consecutive seasons, your deductible will be **reduced to \$200US**; if you did not report a claim in the last 3 consecutive seasons, your deductible will be **reduced to**

**\$150US** or if you did not report a claim in the last 4 consecutive seasons, your deductible will be **reduced to \$100US**. If you were covered by another insurer during any of the last four seasons, you qualify for the same reduction in deductible if you did not have any claim(s) with the other insurer. (Note: There will be a cost-savings if you qualify for the NO-CLAIM Deductible Credit, but would like to reduce your deductible to \$0.)

### Reviewing and purchasing the A La Carte plan is easy and convenient!

We can send you the A La Carte Travel Insurance application, brochure and policy by:

- **mail**
- **fax**
- **email**

They can also be viewed and downloaded directly from our website:

**[WWW.TIS.CA](http://WWW.TIS.CA)**

If you would like a quotation or have questions about A La Carte, please call the toll free phone number below. Our dedicated team can provide you with the personal assistance you require. When ready to purchase, **simply mail or fax us** your completed A La Carte Application along with payment.

For your convenience, A La Carte Travel Insurance can be purchased online at [WWW.TIS.CA](http://WWW.TIS.CA) and the premium paid for with VISA or MasterCard. Your policy, tax receipt and wallet cards can then be printed right away. This is the simplest way to buy your insurance in Canada—great for last minute purchases.

**Travel Insurance Specialists**

**Serving Seniors for Over 20 YEARS**

**[WWW.TIS.CA](http://WWW.TIS.CA)**

We have great rates this season! If you already have a quote from another plan, maybe we can offer you a lower price. Simply call us.

## 2015 – 2016 SEASON

### 👉 Features

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

Retiree Plan Top-up Coverage Available for NO Extra Charge

NO-CLAIM Deductible Credit (see box on this page)

Available up to Age 94

Up to \$2,000,000 of Coverage

No Top-up Fee

Excellent Refund Policy

Direct Payment to Hospitals

One Simple Rate Table

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

**Let the choice be yours!**

# A La Carte Travel Insurance

Created by Travel Insurance Specialists

## How to Calculate the Premium Rate for each Applicant

1. Complete page 2 of the Application for Insurance by following **steps 1 and 2** on page 4. Add up the total score and copy it to **④ FACTOR** in Section 3 – Premium Calculation on page 3 of the application.
2. Calculate your age at the Departure Date from Canada.
3. Using the correct age range 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.
4. Choose the base premium rate based on your age and the number of days you require coverage for.
5. This rate is to be put in **②** of Section 3 – Premium Calculation on page 3 of the application and will be used to calculate your premium.
6. If you want to buy our Annual Multi-Trip Plan, check the box indicating the number of days you wish to purchase. Put the corresponding premium from the Annual Multi-Trip Plan Base Premium Rate Table in **①** of Section 3 – Premium Calculation, on page 3 of the application.
7. Add the amounts from lines **①** and **②** and enter the result in line **③ SUBTOTAL** of Section 3 – Premium Calculation, on page 3 of the application. For each Applicant's total premium, multiply line **③** x line **④** and enter the result in line **⑤**.

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

**Mail us the completed application including full payment (cheque or credit card). You can also fax to 1-866-311-1181.**

## Refunds

1. 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 at **1-888-694-6666**. No administration charge will be applied.
2. If you return early from your trip, you may qualify for a refund for the unused days if you have not had a claim.
3. Annual Multi-Trip premiums and premiums for any extension(s) are not refundable.

## Extension of Coverage

If you choose to extend your trip beyond the A La Carte Travel Insurance policy expiry date, you must contact Travel Insurance Specialists at 1-800-563-0314 or 905-830-2928 (collect) at least ten (10) days prior to the policy expiry date and pay any required additional premium. You must remain eligible for coverage under all sections of the A La Carte Travel Insurance policy and a claim must not have been reported, incurred or paid.

Any new medical conditions present on the date you apply for an extension of coverage will not be covered under the extension.

Premiums for Single Trip or Multi-Trip extensions are based on the OUT OF CANADA EXTENSION daily rate in effect when the extension is requested. An example of the current rates is shown on the right in the **OUT OF CANADA EXTENSION (Single Trip and Multi-Trip)** rate table. You must multiply your extension rate by the **FACTOR** on line **④** in Section 3 – Premium Calculation on page 3 of the application. Please see the A La Carte Travel Insurance policy for Extension details.

**NOTE:** Any words that are italicized and underlined refer to defined terms. **Definitions** for these terms are found on **page 4** of the Application for Insurance.

**Write your policy number here for your records:** **ALC**

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

# Base Premium Rate Tables 2015-16

## WINTER RATES

THE MINIMUM PREMIUM IS \$20 PER PERSON.

## SINGLE TRIP PLAN

DAYS	AGE								
	1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
1 to 2	\$ 22	\$ 25	\$ 26	\$ 41	\$ 50	\$ 77	\$121	\$ 167	\$ 183
3 to 5	26	32	33	51	62	97	152	208	229
6 to 10	35	42	43	67	81	129	205	276	306
11 to 15	43	53	61	94	114	182	285	391	436
16 to 20	61	65	80	125	155	243	382	526	590
21 to 25	75	78	99	151	189	301	479	653	732
26 to 30	91	98	119	183	226	365	572	789	880
31 to 35	102	113	138	211	265	422	673	924	1,033
36 to 40	123	134	156	246	299	484	772	1,066	1,187
41 to 45	135	150	180	276	341	547	870	1,206	1,345
46 to 50	155	164	194	305	373	609	974	1,349	1,499
51 to 55	164	189	218	339	416	669	1,079	1,488	1,660
56 to 60	182	200	235	364	452	735	1,178	1,631	1,819
61 to 65	199	219	255	400	491	794	1,285	1,775	1,984
66 to 70	217	235	279	430	530	860	1,387	1,924	2,146
71 to 75	232	253	297	462	568	920	1,494	2,070	2,308
76 to 80	253	273	319	499	606	982	1,601	2,224	2,476
81 to 85	267	293	350	530	649	1,055	1,711	2,372	2,643
86 to 90	287	307	375	563	686	1,122	1,819	2,526	2,814
91 to 95	299	327	407	592	733	1,188	1,929	2,679	2,984
96 to 100	321	349	427	625	778	1,253	2,038	2,834	3,159
101 to 105	339	372	449	658	820	1,316	2,153	2,992	3,335
106 to 110	367	396	472	695	858	1,379	2,262	3,147	3,510
111 to 115	384	424	505	723	878	1,449	2,378	3,308	3,687
116 to 120	397	447	540	760	915	1,509	2,492	3,466	3,867
121 to 125	416	470	580	794	977	1,659	2,675	3,727	4,154
126 to 130	435	492	614	827	1,030	1,728	2,796	3,897	4,344
131 to 135	453	518	653	861	1,075	1,797	2,915	4,065	4,532
136 to 140	466	536	693	898	1,113	1,868	3,037	4,236	4,722
141 to 145	484	558	719	931	1,154	1,936	3,156	4,410	4,915
146 to 150	501	582	747	963	1,194	2,006	3,280	4,580	5,108
151 to 155	521	601	778	998	1,299	2,079	3,406	4,756	5,301
156 to 160	531	623	805	1,034	1,346	2,148	3,529	4,936	5,501
161 to 165	550	646	833	1,071	1,387	2,199	3,653	5,112	5,698
166 to 170	565	662	859	1,100	1,464	2,245	3,832	5,361	5,974
171 to 175	584	692	888	1,135	1,548	2,292	3,894	5,528	6,184
176 to 183	609	727	935	1,194	1,602	2,380	3,861	5,599	6,493
184 +	For trips of other durations, please call for rates								

## Annual Multi-Trip Plan – Coverage outside Canada and outside your Province of residence.

	AGE: 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
8 Day Plan	\$ 81	\$ 86	\$ 91	\$ 123	\$154	\$281	\$410	N/A	N/A
16 Day Plan	98	101	111	141	174	328	N/A	N/A	N/A
32 Day Plan	178	196	208	266	325	636	N/A	N/A	N/A
62 Day Plan	385	422	446	571	700	N/A	N/A	N/A	N/A

## OUT OF CANADA EXTENSION (Single Trip and Multi-Trip)

	AGE: 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Daily Rate	\$ 3.00	4.00	6.00	7.00	9.00	17.00	24.00	35.00	39.00

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

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

**Questions? Call: 1-888-694-6666 or email: INFO@TIS.CA WWW.TIS.CA**



### APPLICANT 1

Name must be the same as on your health card.

### APPLICANT INFORMATION

### APPLICANT 2

Name must be the same as on your health card.

Last name		Last name	
First name		First name	
Phone		Phone	
Date of Birth dd mm yy	Government Health Plan # & version code		Date of Birth dd mm yy
Address in Canada		Family Doctor	
Street		City	
Province	Postal Code	E-mail address (if any)	
Family Doctor		Name	
Name		Phone	

#### Mail this Application and payment to:

**Travel Insurance Specialists**  
**34629A Delair Road**  
**Abbotsford BC V2S 2E1**  
**(Or fax Application to 1-866-311-1181)**

**NOTE:** This is not your A La Carte Travel Insurance policy. Your policy, income tax receipt and wallet cards will be mailed to you as soon as your payment is processed.

To help you complete this Application for Insurance, see the instructions on page 4.

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

## Section 1 – ELIGIBILITY REQUIREMENTS

QUESTIONS? CALL **1-888-694-6666**

You must meet the Eligibility Requirements below any time you depart Canada on a Single Trip Plan or depart your province of residence on an Annual Multi-Trip Plan to be eligible for coverage under this policy.

You are eligible for coverage if:

1. In the past 6 months you have not:

- (i) been hospitalized for 24 or more consecutive hours for any of the following:
  - a stroke (CVA/Cerebral Vascular Accident) or mini-stroke (TIA/Transient Ischemic Attack);
  - 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; or
- (v) required dialysis.

2. You have not:

- (i) had your most recent coronary artery by-pass, coronary angioplasty or stent insertion more than 20 years ago;
- (ii) had a coronary angioplasty or stent insertion in the past 6 months;
- (iii) had any aneurysm that has not been surgically repaired;
- (iv) in the past 5 years, received treatment for or taken medication for Congestive Heart Failure (CHF);
- (v) in the past 5 years, received treatment for or taken medication for Cardiomyopathy with a Grade IV ventricle or a ventricular ejection fraction of 20% or less; or
- (vi) been advised by any physician that travelling on your trip would be medically unsafe or that you should not travel on your trip.

**Acceptance Statement:** You are eligible for coverage under the A La Carte Travel Insurance policy if you meet all the requirements above on the **departure date** of any trip.

**NOTE:** If you are not eligible for A La Carte Travel Insurance this season, please call us. *We may have other options for you to consider!*

## Section 2 – BASIC EMERGENCY MEDICAL COVERAGE INCLUDES

**2015 – 2016 Season**

<b>EMERGENCY MEDICAL SERVICES</b> .....	Maximum Limit chosen
<u>Emergency</u> Paramedical/Professional Services.....	\$250 per practitioner
<u>Emergency</u> Ambulance Transportation.....	Eligible Expenses
<u>Emergency</u> Dental Due to Accidental Blow to the Mouth.....	\$2,000
<u>Emergency</u> Relief of Dental Pain.....	\$300
Removal of a Cast or Stitches after an <u>Emergency</u> .....	\$300

**NOTE:** If you choose **not** to upgrade the Basic Emergency Medical Coverage, you will have an overall maximum coverage limit of \$200,000 for all benefits.

Child Return under your care.....	Eligible Expenses
Vehicle Return.....	\$2,500
<u>Emergency</u> Evacuation & Repatriation.....	Eligible Expenses
Major Event Return Home.....	\$3,000
Subsistence Allowance.....	\$1,500 per person
Expenses Related to your Death.....	\$5,000 per person
Bedside Companion Travel.....	Eligible Expenses
24 Hour Worldwide <u>Emergency</u> Medical Assistance	

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

**See the policy at [WWW.TIS.CA](http://WWW.TIS.CA) for full details.**

**A La Carte OPTION WORKSHEET 2015 – 2016 Season**

Questions?

1-888-694-6666 or INFO@TIS.CA

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

If **FAXING** this application, enter your policy number in the box to the right:

**ALC**

APPLICANT 1 Score  
First Name:

APPLICANT 2 Score  
First Name:

*This worksheet must be completed by each applicant.*

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

**I. UNDERWRITING QUESTIONS** (this section must be completed by each applicant)

Use your date of application when completing these questions. If any of your answers change prior to your departure date, you must contact Travel Insurance Specialists to adjust your Score and Premium.

If your answer is "YES" to any of the questions in **Sections I. (A. – G.)** or you select option(s) in **II, III, and IV.**, you must **CHECK that box** and **ADD the point value** of the question to your Score.

<b>A. In the 5 years prior to your departure date, have you received <u>treatment</u> for, taken <u>medication</u> for or had a diagnosis of:</b>		
1) a <u>heart condition</u> ?	<input type="checkbox"/> + 95	<input type="checkbox"/> + 95
2) stroke (CVA/Cerebral Vascular Accident)?	<input type="checkbox"/> + 60	<input type="checkbox"/> + 60
3) Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis)?	<input type="checkbox"/> + 75	<input type="checkbox"/> + 75
4) carotid stenosis [blocked or clogged blood vessel(s) in the neck]?	<input type="checkbox"/> + 75	<input type="checkbox"/> + 75
<b>B. In the 12 months prior to your departure date, have you received <u>treatment</u> for, taken <u>medication</u> for or had a diagnosis of:</b>		
1) diabetes requiring oral <u>medication</u> ?	<input type="checkbox"/> + 30	<input type="checkbox"/> + 30
2) diabetes requiring insulin (or any other injectable <u>medication</u> required to control diabetes)?	<input type="checkbox"/> + 60	<input type="checkbox"/> + 60
3) cancer requiring surgery (includes a positive biopsy), chemotherapy, radiation and/or laser therapy (excludes removal of skin lesions)?	<input type="checkbox"/> + 45	<input type="checkbox"/> + 45
4) dementia (includes Alzheimer's disease)?	<input type="checkbox"/> + 50	<input type="checkbox"/> + 50
5) <u>bowel condition</u> , gastrointestinal bleed, bowel obstruction or bowel surgery?	<input type="checkbox"/> + 40	<input type="checkbox"/> + 40
6) a <u>lung condition</u> ?	<input type="checkbox"/> + 35	<input type="checkbox"/> + 35
7) 2 or more episodes of a Urinary Tract Infection (UTI)?	<input type="checkbox"/> + 25	<input type="checkbox"/> + 25
8) Stage IV Kidney (renal) Failure or a <u>liver condition</u> ?	<input type="checkbox"/> + 50	<input type="checkbox"/> + 50
9) kidney stone(s) [unless the stone(s) are no longer present], gallstone(s) [unless the gallstone(s) have been removed], or pancreatitis?	<input type="checkbox"/> + 20	<input type="checkbox"/> + 20
10) blood clot(s) or mini-stroke (TIA/Transient Ischemic Attack)?	<input type="checkbox"/> + 50	<input type="checkbox"/> + 50
<b>C. In the 12 months prior to your departure date, have you been prescribed or taken:</b>		
1) 3 or more <u>medications</u> that modify your blood pressure?	<input type="checkbox"/> + 35	<input type="checkbox"/> + 35
2) for more than 21 consecutive days, either Prednisone (includes equivalent steroid <u>medication</u> ) in pill form for a <u>lung condition</u> or Lasix (Novo-Semide/Furosemide)?	<input type="checkbox"/> + 45	<input type="checkbox"/> + 45
<b>D. Have you had your most recent coronary artery by-pass, coronary angioplasty or stent insertion over 5 years and up to 20 years ago?</b>	<input type="checkbox"/> + 75	<input type="checkbox"/> + 75
<b>E. Have you, in the past 3 months, been a resident in a long-term care facility or in an assisted living facility where you were helped with the activities of daily living (bathing, eating, using a toilet, taking <u>medication(s)</u> or getting into or out of a chair or bed)?</b>	<input type="checkbox"/> + 90	<input type="checkbox"/> + 90
<b>F. Have you used any tobacco products at any time in the 12 months prior to your departure date?</b>	<input type="checkbox"/> + 20	<input type="checkbox"/> + 20
<b>G. Was your last <u>complete medical examination</u> more than 24 months prior to your departure date?</b>	<input type="checkbox"/> + 30	<input type="checkbox"/> + 30

**II. BUY DOWN YOUR PRE-EXISTING MEDICAL CONDITION STABILITY PERIOD**

You qualify for a pre-existing medical condition stability period of **3 months** prior to any departure date unless you have answered YES to any of the questions in Section I., parts **A, B, C, D or E**, in which case, your pre-existing medical condition stability period will be the **6 months** prior to any departure date.

- ◆ Reduce your pre-existing medical condition stability period from **6 months** to **3 months** prior to any departure date.
- ◆ If you had a replacement, elimination or an increase/decrease in dosage or frequency of a medication that was prescribed more than **3 months** prior to your departure date, you can reduce the stability period for the medical condition that the medication treats to **1 month** prior to any departure date.

**III. CHANGE YOUR DEDUCTIBLE FROM \$300US**

◆ For \$0 US deductible

- ◆ If you qualify for the \$100US, \$150US, \$200US or \$250US deductible, but would like to reduce it to \$0, check this box.
- ◆ For \$500US, \$1,000US, \$5,000US and \$10,000US deductibles, circle your choice and see page 4 for the point value to subtract at the right.

**IV. UPGRADE YOUR BASIC COVERAGE FROM THE \$200,000 MAXIMUM to:**

Increased limits apply to **EMERGENCY MEDICAL SERVICES** under **Section 2** on page 1  
(Check one of the boxes at the right to increase your Basic Coverage maximum limit.)

**BASIC COVERAGE of \$200,000 maximum: each applicant must add the 100 Points to their Score. ►**

☒ + 100 ☒ + 100

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.

**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.

Applicant  
**1**  
Score

Applicant  
**2**  
Score

TRANSFER THE SCORE ABOVE TO  
LINE **(4)** ON PAGE 3 FOR EACH APPLICANT



## 2015 – 2016 Season

Name of Applicant 1 (print)

Name of Applicant 2 (print)

## Section 3 - Premium Calculation

dd mm yy		Departure Date from Canada. (The day you leave Canada)		dd mm yy	
dd mm yy		Date Coverage Begins (Policy Effective Date) (If "topping-up", this is the day after your other coverage ends)		dd mm yy	
dd mm yy		Date Coverage Ends (Policy Expiry Date) (Must be before September 30, 2016 for single trips)		dd mm yy	
Coverage Days		Total Number of Single Trip Days Required (Count both the Date Coverage Begins and the Date Coverage Ends)		Coverage Days	
8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 32 Day <input type="checkbox"/> 62 Day <input type="checkbox"/> Annual Multi-Trip Plan Selected (check one if applicable) 8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 32 Day <input type="checkbox"/> 62 Day <input type="checkbox"/>					
dd mm yy		Annual Multi-Trip Effective Date (Must be before July 31, 2016)		dd mm yy	
① \$		Annual Multi-Trip Premium Use rate from Annual Multi-Trip Base Premium Rate Table		① \$	
② \$		Single Trip rate from the Base Premium Rate Table		② \$	
③ \$		SUBTOTAL: Add the amounts from lines ① + ②		③ \$	
④		FACTOR: SCORE (shown at the bottom of page 2) ÷ 100		④	
⑤ \$		APPLICANT TOTAL: SUBTOTAL ③ x FACTOR ④		⑤ \$	

**Note:** If you have Retiree Plan Coverage with a maximum limit of at least \$500,000 for at least the first 30 days of your trip, we will top up that maximum limit to \$2,000,000 under the terms and conditions of the A La Carte Travel Insurance policy for NO EXTRA CHARGE if you purchase at least 35 days coverage under this policy.

GRAND TOTAL DUE

Applicant 1 ⑤ + Applicant 2 ⑤ = \$

Payment

Cheque ☐

Credit Card Details:

Visa ☐MasterCard ☐

Make cheques payable to:

Travel Insurance Specialists

Card #

3 Digit Code

Expiry Date Month

Year

## Section 4 - Declaration and Authorization

I am applying for A La Carte Travel Insurance, underwritten by Industrial Alliance Insurance and Financial Services Inc. I understand that this insurance can only be applied for prior to my leaving Canada. If I am paying for this insurance by credit card, I authorize this transaction to be charged to my credit card.

I understand that the Eligibility Requirements, as stated in Section 1, and my answers to I. Underwriting Questions on the Option Worksheet form part of the application/policy and are material to the risk and consideration for the insurance for which I am applying. I declare that all the information I have provided on this application is true and complete. I understand that if I fail to disclose any material information necessary to complete this application, Industrial Alliance Insurance and Financial Services Inc. will void my policy coverage and I will not be covered for any benefits under the policy. Where I was unsure of my medical condition(s), as it pertains to this application for insurance, I consulted with my physician. I understand that in applying for coverage under the A La Carte Travel Insurance policy it is my responsibility to be aware of all my medications and their purpose(s), as well as any medical conditions I have had or presently have. I understand that no statement made by me or any agent prior to or at the time of my application for insurance will be considered valid unless such statement has been documented and submitted in writing and accepted by Industrial Alliance Insurance and Financial Services Inc. prior to the completion of this application. If I am responsible for the payment of any deductible I have chosen or found to be not eligible for this insurance under any section of the Application for Insurance or the policy, Industrial Alliance Insurance and Financial Services Inc. has the right to collect from me any monies paid out on my behalf.

I understand that the insurance applied for will not become effective unless the full premium and a signed and dated copy of this application has been received by Travel Insurance Specialists. In the event that this application is not accepted for any reason, I will receive a full refund. I understand that all terms, conditions, limitations and exclusions in the A La Carte Travel Insurance policy will apply and that only medical emergencies will be covered under this insurance. Industrial Alliance Insurance and Financial Services Inc. may use agents, brokers and service providers to collect, use, store and/or process personal information and personal health information on its behalf, and such information may be transferred to these entities for the purposes described herein. Personal information or personal health information may be collected, used, disclosed, transferred, stored or processed outside of Canada and may therefore be subject to legal requirements in such foreign countries. According to the Canadian PIPEDA (Personal Information Protection and Electronic Documents Act) and U.S. HIPAA (Health Insurance Portability and Accountability Act) Privacy Practices, this authorization remains valid until any claim pending or disputed under 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 Industrial Alliance Insurance and Financial Services Inc. A copy or facsimile copy of this application and Declaration and Authorization shall be as valid as the original. I hereby appoint my spouse, my blood relation if travelling with me, or my substitute decision maker, to act on my behalf in the event that, because of a medical condition, I am unable to make the necessary decisions with respect to my health status.

I authorize any physician, hospital, pharmacy or other medical provider who has attended or examined me to release to and exchange with Complete Claims Management Professionals (CCMP) or its representatives any and all information regarding my medical history, symptoms, treatment, examination or diagnosis for the purpose of administering the insurance, assessing the underwriting risk and reviewing my 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 by me. In the event that all required documents are not provided to CCMP within 6 months following the date of loss, I understand that my claim file will be closed.

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

I understand that any change in my health status or medication(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 this policy, or which would result in a change to my answer(s) to I. Underwriting Questions on the Option Worksheet, or would change the stability status of a pre-existing medical condition (other than a minor ailment), constitutes a material change to my policy and I must notify Travel Insurance Specialists immediately.

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

APPLICANT 1

Date

dd

mm

yy

APPLICANT 2

Date

dd

mm

yy

Applicant 1  
SignatureApplicant 2  
Signature

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

## 5 steps to complete your A La Carte Application for Insurance

2015 – 2016 Season

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.

**Underwriting Questions (Each applicant must complete this section) For full details, see I. on page 2.**

These questions must be answered to further assess your lifestyle and medical history. **If you are unsure of your medical history or conditions, contact your doctor.**

**Buy down your Pre-existing Medical Condition Stability Period — For full details, see II. on page 2.**

You qualify for a pre-existing medical condition stability period of **3 months** prior to any departure date unless you have answered YES to any of the questions in Section I., parts A, B, C, D or E, in which case, your pre-existing medical condition stability period will be the **6 months** prior to any departure date.

Reduce your pre-existing medical condition stability period from **6 months** to **3 months** prior to any departure date. (add 30 points)

If you had a replacement, elimination or an increase/decrease in dosage or frequency of a medication that was prescribed more than **3 months** prior to your departure date, you can reduce the stability period for the medical condition that the medication treats to **1 month** prior to any departure date. (add 35 points)

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

The A La Carte Travel Insurance policy has a \$300US deductible per claim. You may have \$0 US deductible by adding 10 points. If you qualify for the NO-CLAIM DEDUCTIBLE CREDIT, the \$100US, \$150US, \$200US or \$250US per claim deductible can be reduced to \$0 by adding 5 points on **page 2 – III.** The higher deductible options are: \$500US (subtract 5 points), \$1,000US (subtract 10 points), \$5,000US (subtract 25 points), and \$10,000US (subtract 30 points).

**Upgrade your basic coverage from the \$200,000 maximum — For full details, see IV. on page 2.**

You can upgrade your coverage to a maximum limit of \$1,000,000 (add 5 points) or \$2,000,000 (add 10 points).

**Basic Emergency Medical Coverage — For full details, see Section 2 on page 1.**

Basic Emergency Medical Coverage provides essential travel insurance benefits as a result of a medical emergency while you are away from Canada. The maximum payable, unless you upgrade your coverage, is \$200,000. The Basic Emergency Medical Coverage is not an option, it is the minimum you must take for an A La Carte Travel Insurance policy. These basic coverages are also included in the Annual Multi-Trip Plans (8 Day, 16 Day, 32 Day, and 62 Day options).

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

Follow the instructions on the back of the 2015-2016 Brochure carefully in order to calculate each applicant's premium and don't forget to fill in your important trip and coverage dates in Section 3, page 3 of this Application for Insurance.

**4 Each applicant MUST READ, SIGN and DATE the Declaration and Authorization at the bottom of page 3**

Once you have calculated your premium, please read the Declaration and Authorization carefully—**Section 4 on page 3.** If you agree with the statements, each applicant must sign and indicate the date of your signature at the bottom of page 3.

**5 Fill in 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: 1-866-311-1181 or:**

**MAIL TO: TRAVEL INSURANCE SPECIALISTS**

**34629A Delair Road, Abbotsford, BC V2S 2E1**

**NOTE: These documents are not your A La Carte Travel Insurance policy.**

An A La Carte Travel Insurance policy, tax receipt and wallet cards will be sent to you once your completed application is accepted by Travel Insurance Specialists.

**IMPORTANT: You must notify Complete Claims Management Professionals (CCMP) assistance within 24 hours of any claim or medical or dental treatment.** Failure to do so will result in you being responsible for **50%** of any gross eligible expenses and the maximum liability under this policy will be limited to \$25,000. You must call CCMP assistance unless your condition prevents you from calling. You must call as soon as medically possible or have someone call on your behalf. CCMP is the claim administrator for the insurer.

## 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, chronic constipation or Irritable Bowel Syndrome (IBS).

**chronic:** means a medical condition that continues, persists, is episodic or recurrent over an extended period of time. This condition is usually long lasting and does not easily or quickly resolve itself.

**complete medical examination:** means that you have visited a licensed physician 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 you are able to be discharged from the medical facility.

**heart condition(s):** 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 by-pass; (viii) valvular disease of the heart (include any regurgitation or stenosis (mild, moderate or severe)); (ix) abnormal heart murmur; (x) pericarditis; or (xi) cardiomyopathy.

**liver condition:** includes Hepatitis C or Cirrhosis.

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

**medication(s):** means any physician 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 any follow up consultation to any medical provider beyond the initial assessment and includes the use of only one medication for a maximum of 14 days.

**pre-existing medical condition(s):** 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, nor has there been any alteration in treatment prescribed or recommended by a physician or received within the pre-existing medical 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, including but not limited to prescribed medication, investigative testing or surgery.