



# DUE SOUTH *Plus* Medical Plan

TRAVEL INSURANCE MADE SIMPLE

Travel  
Insurance  
Specialists

Serving Seniors  
for Over  
20 Years

Travel Insurance Specialists is proud to introduce the new  
Due South PLUS Medical Plan!

WWW.TIS.CA

## Due South PLUS Medical Plan fits the needs of:

Many who don't meet the rigid eligibility requirements in most travel insurance plans.

 The eligibility requirements in the Due South PLUS Medical Plan are easier to meet.

Those who have pre-existing medical conditions which have not been stable very long;  
OR

Those who have a recently diagnosed medical condition.

 You can buy down your pre-existing medical condition stability period to 7 days.



## Due South PLUS Medical Plan provides excellent benefits from last year's plan plus:

- ✓ hips or knees that were replaced more than 12 months prior to your departure date are no longer a policy exclusion
- ✓ some aneurysms are accepted into the plan (see Eligibility Requirements on back of the Application)
- ✓ an older coronary artery by-pass, coronary angioplasty or stent insertion up to 20 years ago is now eligible for coverage

 Review all of these in the Due South PLUS Medical Plan policy.

## BENEFITS SUMMARY – 2015 – 2016 SEASON

|                                                                     |                        |
|---------------------------------------------------------------------|------------------------|
| <b>EMERGENCY MEDICAL SERVICES.....</b>                              | <b>\$2,000,000</b>     |
| <i>Emergency</i> Ambulance Transportation.....                      | Eligible Expenses      |
| Private Nursing.....                                                | \$5,000                |
| <i>Emergency</i> Dental Due to an Accidental Blow to the Mouth..... | \$2,000                |
| <i>Emergency</i> Relief of Dental Pain.....                         | \$300                  |
| Return of Your Vehicle.....                                         | \$2,500                |
| <i>Emergency</i> Return Home.....                                   | Eligible Expenses      |
| Expenses Related to Your Death.....                                 | \$5,000                |
| Removal of a Cast or Stitches after an <i>Emergency</i> .....       | \$300                  |
| Child Return Under Your Care.....                                   | Eligible Expenses      |
| Subsistence Allowance.....                                          | \$1,500                |
| Bedside Companion Travel Care.....                                  | Eligible Expenses      |
| <i>Emergency</i> Paramedical/Professional Services.....             | \$250 per practitioner |

### 24 HOUR WORLDWIDE **EMERGENCY** 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 for full details.

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

## SECTION 1. – Underwriting Medical Questions For Plan Selection

If you are eligible for this insurance according to the Eligibility Requirements on the Back of the Application for Insurance, you must choose the correct plan based on your answers to Section 1. – Underwriting Medical Questions for Plan Selection and Section 2.– Medical Requirements For Plan Categories as shown below. If you are unsure of your medical history or conditions, check with your doctor.

NOTE: Any words italicized and underlined refer to defined terms. (See Definitions on page 4 of this Brochure.)

You must be eligible as per the Eligibility Requirements A. to J. on the Back of the Application for Insurance in order to proceed with Section 1.

1. In the past 5 years, have you received treatment for or taken medication for Congestive Heart Failure (CHF)?
2. In the past 5 years, have you received treatment for or taken medication for Cardiomyopathy with a Grade IV ventricle or a ventricular ejection fraction of 20% or less?
3. In the past 12 months have you been hospitalized for 24 or more consecutive hours for a heart condition or blood clot(s)?
4. In the past 12 months have you received treatment for metastatic cancer?
5. In the past 12 months have you been hospitalized for 24 or more consecutive hours for a stroke (CVA/Cerebral Vascular Accident) or mini-stroke (TIA/Transient Ischemic Attack)?
6. In the past 12 months have you been hospitalized for 24 or more consecutive hours for a lung condition?

IF YOU ANSWER YES TO 3 OR MORE OF THE QUESTIONS IN SECTION 1. ABOVE,  
YOU QUALIFY FOR PLAN E WITH A 75% SURCHARGE. GO TO SECTION 3. - OPTIONS AND ADJUSTMENTS

IF YOU ANSWER YES TO 2 OF THE QUESTIONS IN SECTION 1. ABOVE,  
YOU QUALIFY FOR PLAN E WITH A 50% SURCHARGE. GO TO SECTION 3. - OPTIONS AND ADJUSTMENTS

IF YOU ANSWER YES TO 1 OF THE QUESTIONS IN SECTION 1. ABOVE,  
YOU QUALIFY FOR PLAN E. GO TO SECTION 3. - OPTIONS AND ADJUSTMENTS

IF YOU ANSWER NO TO ALL OF THE QUESTIONS IN SECTION 1. ABOVE, CONTINUE TO SECTION 2.

## SECTION 2. – Medical Requirements For Plan Categories

Start with PLAN E and work downward. Follow the important instructions after the medical requirements for each plan.

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

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

1. In the 5 years prior to your departure date, you have received treatment for, taken medication for or had a diagnosis of any of these conditions:
  - (i) heart condition;
  - (ii) stroke (CVA/Cerebral Vascular Accident);
  - (iii) Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis);
  - (iv) carotid stenosis [blocked or clogged blood vessel(s) in the neck]; or,
  - (v) an Abdominal Aortic Aneurysm (AAA) that is 3.5 cm or smaller (diameter or width) that has not been surgically repaired.
2. You have, 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 medication(s) or getting into or out of a chair or bed).
3. You have had your most recent coronary artery by-pass, coronary angioplasty or stent insertion over 5 years and up to 20 years prior to your departure date.

If you qualify for PLAN D or PLAN E, proceed to SECTION 3. – Options and Adjustments.

**continued... SECTION 2. – Medical Requirements For Plan Categories**

**PLAN C** – If you answer YES to 1 of any of the statements in 1. (i) to (vi), or 2. below, you qualify for **PLAN C**.

**PLAN D** – If you answer YES to 2 or more of any of the statements in 1. (i) to (vi), or 2. below, you qualify for **PLAN D**.

1. In the 12 months prior to your departure date, you have received treatment for, taken medication for or had a diagnosis of any of these conditions:
  - (i) cancer requiring surgery (includes a positive biopsy), chemotherapy, radiation and/or laser therapy (excludes removal of skin lesions);
  - (ii) bowel condition, gastrointestinal bleed, bowel obstruction or bowel surgery;
  - (iii) Stage IV Kidney (renal) Failure or a liver condition;
  - (iv) dementia (includes Alzheimer's disease);
  - (v) diabetes requiring insulin (or any other injectable medication required to control diabetes); or
  - (vi) blood clot(s) or mini-stroke (TIA/Transient Ischemic Attack).
2. In the 12 months prior to your departure date, you have been prescribed or taken for more than 21 consecutive days, either Prednisone (includes equivalent steroid medication) in pill form for a lung condition or Lasix (Novo-Semide/Furosemide).

If you qualify for PLAN C or PLAN D, proceed to **SECTION 3. – Options and Adjustments**.

**PLAN B** – If you answer YES to 1 of any of the statements in 1. (i) to (iv), 2., or 3. below, you qualify for **PLAN B**.

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

1. In the 12 months prior to your departure date, you have received treatment for, taken medication for or had a diagnosis of any of these conditions:
  - (i) diabetes requiring oral medication;
  - (ii) 2 or more episodes of a Urinary Tract Infection (UTI);
  - (iii) kidney stone(s) [unless the stone(s) are no longer present], gallstone(s) [unless the gallstone(s) have been removed] or pancreatitis; or,
  - (iv) lung condition.
2. In the 12 months prior to your departure date, you have been prescribed or taken 3 or more medications that modify your blood pressure.
3. Your last complete medical examination was more than 24 months prior to your departure date.

If you qualify for PLAN B or PLAN C, proceed to **SECTION 3. – Options and Adjustments**.

**PLAN A** – If you are eligible for this insurance and you answer NO to all the statements in Section 1. and Section 2., you qualify for **PLAN A**. Proceed to **SECTION 3. – Options and Adjustments**.

**SECTION 3. – Options and Adjustments**

**PRE-EXISTING MEDICAL CONDITIONS STABILITY PERIOD.**

The definition of a 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.

Your pre-existing medical condition stability period is the period of time prior to your departure date that your medical condition must be stable and is specified on your policy receipt.

- Your pre-existing medical condition stability period is 120 days, if you are under age 72 on your first departure date.
- Your pre-existing medical condition stability period is 180 days, if you are age 72 or over on your first departure date.

You can buy down your pre-existing medical condition stability period to 7 days by applying the following surcharge to your base premium. Please see **Adjustment 4c** on the Front of the Application for Insurance.

- If you are under age 72 on your first departure date, the surcharge will be 30%.
- If you are age 72 or older on your first departure date, the surcharge will be 40%.

## Instructions

The Application for Insurance must be completed prior to your departure date. Each applicant must read and sign the 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 Section 1. Underwriting Medical Questions for Plan Selection and Section 2. Medical Requirements for Plan Categories on pages 2 and 3 of this Brochure. Indicate the Plan which you qualify for in the section **Premium Details** on the Front of the Application for Insurance, by checking off the correct box.
5. If you are selecting an **Annual Multi-Trip Plan**, find your premium in the correct Rate Table from the sheet of **Rate Tables** attached, 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 from the sheet of **Rate Tables** attached, to determine your **Single Trip Daily Rate**. It is based on your age at your departure date and the Total Trip Days which is the number of days between your Departure Date from Canada and your Expiry Date for Single Trip.
7. Transfer your **Single Trip Daily Rate** (based on Total Trip Days) to the **Single Trip Premium Calculation Chart** at the bottom of **page ii** of the sheet of **Rate Tables** attached. 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. Calculate and enter your **Subtotal** on line **3.** as indicated.
9. If you qualify for **PLAN E** and you must add a premium surcharge as per Section 1. Underwriting Medical Questions for Plan Selection found on page 2 of this Brochure, calculate and enter the amount of your surcharge in **Adjustment 4b** in the **Premium Details** section on the Front of the Application for Insurance.
10. Choose your deductible, based on the table — Available Deductible Options (US\$) on **page ii** of the sheet of **Rate Tables** attached. Transfer the appropriate percentage to **Adjustment 4a** in the Premium Details section.
11. If you are reducing your **Pre-existing medical condition stability** period to 7 days, as per Section 3. Options and Adjustments found on page 3 of this Brochure, calculate and enter the appropriate amount in **Adjustment 4c** in the Premium Details section on the Front of the Application for Insurance.
12. If you have used any tobacco products at any time in the 12 months prior to your departure date, calculate and enter 20% of **Subtotal 3.** and enter the amount in **Adjustment 4d** in the **Premium Details** section on the Front of the Application for Insurance.
13. In order to calculate your total premium, add lines **3.** and **4a to 4d** 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).
14. Each applicant must read, sign and date the **Declaration and Authorization** on the Back of the Application for Insurance.
15. Send us your completed application along with full payment.

**FAX TO: 1-866-311-1181 or:**

**MAIL TO: TRAVEL INSURANCE SPECIALISTS**

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

16. These documents are not your **Due South PLUS Medical Plan** policy. We will send your policy, wallet cards and a receipt as soon as your payment has been processed or you can download the policy from [WWW.TIS.CA](http://WWW.TIS.CA).
17. 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 **page i** and **page ii** of the sheet of **Rate Tables** under Out Of Canada Extension Daily Rate. You must apply the same adjustment percentages to your extension rate, as those indicated in section **4. ADJUSTMENTS** on the Front of your Application for Insurance. Please see the **Due South Plus 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, **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.

NOTE: The Due South PLUS 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 Due South PLUS Medical Plan policy.

| PLAN A                                  | Plan Type                          | Number of Days | AGE     |       |       |       |       |       |       |
|-----------------------------------------|------------------------------------|----------------|---------|-------|-------|-------|-------|-------|-------|
|                                         |                                    |                | 1-55    | 56-60 | 61-66 | 67-71 | 72-76 | 77-80 | 81-85 |
| The minimum premium is \$20 per person. | Single Trip Daily Rate             | 1-63           | 4.25    | 4.70  | 5.20  | 6.61  | 7.45  | 12.20 | 20.94 |
|                                         |                                    | 64-84          | 4.28    | 4.74  | 5.26  | 6.96  | 8.54  | 13.10 | 22.87 |
|                                         |                                    | 85-105         | 4.32    | 4.81  | 5.31  | 7.06  | 8.70  | 13.39 | 23.20 |
|                                         |                                    | 106-126        | 4.38    | 4.85  | 5.38  | 7.24  | 8.88  | 13.84 | 23.60 |
|                                         |                                    | 127-183        | 4.65    | 5.16  | 5.71  | 7.63  | 9.38  | 15.43 | 23.94 |
|                                         | Multi-trip                         | 8 days         | \$08    | 119   | 132   | 136   | 176   | 228   | 373   |
|                                         |                                    | 16 days        | 124     | 140   | 154   | 172   | 216   | 277   | 442   |
|                                         |                                    | 32 days        | 154     | 171   | 189   | 222   | 296   | 392   | N/A   |
|                                         |                                    | 62 days        | 288     | 319   | 354   | 444   | 551   | N/A   | N/A   |
|                                         | Out of Canada Extension Daily Rate |                | \$ 5.12 | 5.67  | 6.28  | 8.40  | 10.33 | 16.97 | 26.35 |
| PLAN B                                  | Plan Type                          | Number of Days | AGE     |       |       |       |       |       |       |
|                                         |                                    |                | 1-55    | 56-60 | 61-66 | 67-71 | 72-76 | 77-80 | 81-85 |
| The minimum premium is \$20 per person. | Single Trip Daily Rate             | 1-63           | 5.17    | 5.72  | 6.35  | 8.07  | 9.10  | 14.89 | 25.54 |
|                                         |                                    | 64-84          | 5.23    | 5.79  | 6.41  | 8.49  | 10.42 | 15.98 | 27.90 |
|                                         |                                    | 85-105         | 5.28    | 5.85  | 6.48  | 8.61  | 10.62 | 16.34 | 28.31 |
|                                         |                                    | 106-126        | 5.32    | 5.91  | 6.56  | 8.83  | 10.84 | 16.89 | 28.80 |
|                                         |                                    | 127-183        | 5.68    | 6.29  | 6.97  | 9.32  | 11.45 | 18.83 | 29.21 |
|                                         | Multi-trip                         | 8 days         | \$ 131  | 144   | 160   | 167   | 215   | 276   | 455   |
|                                         |                                    | 16 days        | 153     | 169   | 189   | 209   | 264   | 339   | 539   |
|                                         |                                    | 32 days        | 188     | 208   | 230   | 272   | 361   | 479   | N/A   |
|                                         |                                    | 62 days        | 351     | 389   | 432   | 543   | 674   | N/A   | N/A   |
|                                         | Out of Canada Extension Daily Rate |                | \$ 6.25 | 6.93  | 7.67  | 10.25 | 12.60 | 20.71 | 32.12 |
| PLAN C                                  | Plan Type                          | Number of Days | AGE     |       |       |       |       |       |       |
|                                         |                                    |                | 1-55    | 56-60 | 61-66 | 67-71 | 72-76 | 77-80 | 81-85 |
| The minimum premium is \$20 per person. | Single Trip Daily Rate             | 1-63           | 7.43    | 8.24  | 9.13  | 11.63 | 13.09 | 21.43 | 36.78 |
|                                         |                                    | 64-84          | 7.52    | 8.33  | 9.24  | 12.22 | 14.99 | 23.03 | 40.18 |
|                                         |                                    | 85-105         | 7.60    | 8.42  | 9.34  | 12.42 | 15.29 | 23.53 | 40.77 |
|                                         |                                    | 106-126        | 7.69    | 8.51  | 9.45  | 12.72 | 15.59 | 24.32 | 41.46 |
|                                         |                                    | 127-183        | 8.17    | 9.06  | 10.04 | 13.42 | 16.49 | 27.12 | 42.06 |
|                                         | Multi-trip                         | 8 days         | \$189   | 209   | 231   | 240   | 309   | 399   | 657   |
|                                         |                                    | 16 days        | 220     | 244   | 271   | 300   | 381   | 487   | 776   |
|                                         |                                    | 32 days        | 271     | 299   | 331   | 391   | 520   | 688   | N/A   |
|                                         |                                    | 62 days        | 506     | 562   | 623   | 781   | 969   | N/A   | N/A   |
|                                         | Out of Canada Extension Daily Rate |                | \$ 8.99 | 9.97  | 11.04 | 14.77 | 18.13 | 29.82 | 46.27 |
| PLAN D                                  | Plan Type                          | Number of Days | AGE     |       |       |       |       |       |       |
|                                         |                                    |                | 1-55    | 56-60 | 61-66 | 67-71 | 72-76 | 77-80 | 81-85 |
| The minimum premium is \$20 per person. | Single Trip Daily Rate             | 1-63           | 10.70   | 11.87 | 13.16 | 16.73 | 18.85 | 30.87 | 52.99 |
|                                         |                                    | 64-84          | 10.84   | 12.00 | 13.30 | 17.60 | 21.58 | 33.17 | 57.85 |
|                                         |                                    | 85-105         | 10.95   | 12.13 | 13.44 | 17.88 | 22.01 | 33.87 | 58.71 |
|                                         |                                    | 106-126        | 11.07   | 12.27 | 13.60 | 18.32 | 22.45 | 35.01 | 59.71 |
|                                         |                                    | 127-183        | 11.78   | 13.04 | 14.45 | 19.33 | 23.74 | 39.05 | 60.58 |
|                                         | Multi-trip                         | 8 days         | \$ 272  | 299   | 332   | 347   | 446   | 574   | 946   |
|                                         |                                    | 16 days        | 318     | 352   | 391   | 432   | 547   | 703   | 1,117 |
|                                         |                                    | 32 days        | 388     | 431   | 477   | 562   | 749   | 991   | N/A   |
|                                         |                                    | 62 days        | 730     | 810   | 897   | 1,125 | 1,396 | N/A   | N/A   |
|                                         | Out of Canada Extension Daily Rate |                | \$12.95 | 14.34 | 15.91 | 21.25 | 26.11 | 42.96 | 66.64 |

SEE OVER FOR PLAN E AND DEDUCTIBLES ➡

| PLAN<br><b>E</b>                               | Plan Type                          | Number of Days | AGE     |       |       |       |       |       |       |  |
|------------------------------------------------|------------------------------------|----------------|---------|-------|-------|-------|-------|-------|-------|--|
|                                                |                                    |                | 1-55    | 56-60 | 61-66 | 67-71 | 72-76 | 77-80 | 81-85 |  |
| The minimum premium is <b>\$20</b> per person. | Single Trip Daily Rate             | 1-63           | 14.03   | 15.55 | 17.24 | 21.92 | 24.70 | 40.44 | 69.40 |  |
|                                                |                                    | 64-84          | 14.19   | 15.72 | 17.42 | 23.07 | 28.28 | 43.45 | 75.78 |  |
|                                                |                                    | 85-105         | 14.34   | 15.90 | 17.62 | 23.44 | 28.83 | 44.37 | 76.91 |  |
|                                                |                                    | 106-126        | 14.50   | 16.07 | 17.81 | 23.99 | 29.40 | 45.88 | 78.23 |  |
|                                                |                                    | 127-183        | 15.41   | 17.08 | 18.95 | 25.31 | 31.10 | 51.14 | 79.34 |  |
|                                                | Multi-trip                         | 8 days         | \$ 354  | 393   | 436   | 453   | 584   | 752   | 1,239 |  |
|                                                |                                    | 16 days        | 416     | 462   | 510   | 567   | 717   | 921   | 1,462 |  |
|                                                |                                    | 32 days        | 508     | 564   | 625   | 737   | 980   | 1,297 | N/A   |  |
|                                                |                                    | 62 days        | 956     | 1,060 | 1,174 | 1,474 | 1,828 | N/A   | N/A   |  |
|                                                | Out of Canada Extension Daily Rate |                | \$16.95 | 18.80 | 20.83 | 27.84 | 34.21 | 56.27 | 87.27 |  |

**IMPORTANT:** To help you complete the Application for Insurance, see the Instructions on page 4 of the Brochure

### Available Deductible Options (US \$)

| \$0<br>+15% | \$300<br>automatic | \$500<br>- 5% | \$1,000<br>- 10% | \$5,000<br>- 25% | \$10,000<br>- 30% |
|-------------|--------------------|---------------|------------------|------------------|-------------------|
|-------------|--------------------|---------------|------------------|------------------|-------------------|

**NOTE:** These percentages are adjustments to your premium and should be entered in **4. ADJUSTMENTS** point **4 a)** on the Front of the Application for Insurance.

SEE OVER FOR PLAN A TO PLAN D

### 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 **Section 1.** and **Section 2.** on pages 2 and 3. Using the appropriate Rate Table (from Tables **A** through **E**), 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.

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

**APPLICATION  
FOR INSURANCE**

— Front —

**DUE SOUTH *Plus* Medical Plan****TRAVEL INSURANCE MADE SIMPLE**

If you have any questions:

**1-888-694-6666**

Policy #

**DSM****Emergency Health Coverage For Travelling Canadians****2015-2016 Season**

| APPLICANT 1                                                                                          |             | Applicant Information                                       |  | APPLICANT 2                                                                                                                                                                                       |  |
|------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Last name<br>(Name must be the same as on your health card)                                          |             | Last name<br>(Name must be the same as on your health card) |  |                                                                                                                                                                                                   |  |
| First name                                                                                           |             | Phone                                                       |  | First name                                                                                                                                                                                        |  |
| Date of Birth<br>dd mm yy                                                                            |             | Government Health Plan # & version code                     |  | Date of Birth<br>dd mm yy                                                                                                                                                                         |  |
| Canadian address<br>Street City                                                                      |             | Family Doctor<br>Name                                       |  | Phone                                                                                                                                                                                             |  |
| Province                                                                                             | Postal Code | E-mail address (if any)                                     |  | <b>Mail this Application and payment to:</b><br><b>Travel Insurance Specialists</b><br><b>34629A Delair Road</b><br><b>Abbotsford BC V2S 2E1</b><br><b>(Or fax Application to 1-866-311-1181)</b> |  |
| Family Doctor<br>Name                                                                                |             | Phone                                                       |  |                                                                                                                                                                                                   |  |
| To help you complete this Application for Insurance, see the Instructions on page 4 of the Brochure. |             |                                                             |  |                                                                                                                                                                                                   |  |

NOTE: This is not your Due South Plus Medical Plan policy. Your policy, income tax receipt and wallet cards will be mailed to you as soon as your payment is processed.

**OUT-OF-COUNTRY ADDRESS** (if unknown, give city/state)

|                                                         |          |       |
|---------------------------------------------------------|----------|-------|
| Street                                                  |          | City  |
| State                                                   | Zip Code | Phone |
| <b>EMERGENCY CONTACT IN CANADA</b> (relative or friend) |          |       |
| Name                                                    |          | Phone |

| APPLICANT 1                                                                                                                                                                                                                                                                                                                                    |  | Travel Details                                                                                                                                                                                                                                                                                                                                                        |  | APPLICANT 2                                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| Day Month Year                                                                                                                                                                                                                                                                                                                                 |  | Departure Date from Canada<br>This is the day you leave Canada.                                                                                                                                                                                                                                                                                                       |  | Day Month Year                                                                                                     |  |
| Day Month Year                                                                                                                                                                                                                                                                                                                                 |  | Effective Date for Single Trip Coverage begins at 12:01AM on this day.<br>If topping up another plan, the Effective Date will be the day after your other coverage terminates.                                                                                                                                                                                        |  | Day Month Year                                                                                                     |  |
| Day Month Year                                                                                                                                                                                                                                                                                                                                 |  | Expiry Date for Single Trip<br>Coverage ends at 11:59 PM on this day. (Must be before September 30, 2016)                                                                                                                                                                                                                                                             |  | Day Month Year                                                                                                     |  |
| Coverage Days                                                                                                                                                                                                                                                                                                                                  |  | Total Number of days of Single Trip Coverage<br>Number of days from the Effective Date to the Expiry Date (count both of these days).                                                                                                                                                                                                                                 |  | Coverage Days                                                                                                      |  |
| Day Month Year                                                                                                                                                                                                                                                                                                                                 |  | Annual Multi-Trip Effective Date (If selected)<br>(Must be before July 31, 2016)                                                                                                                                                                                                                                                                                      |  | Day Month Year                                                                                                     |  |
| <b>Plan: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> &lt; Check one Premium Details Check one &gt; Plan: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/></b> |  |                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                    |  |
| \$                                                                                                                                                                                                                                                                                                                                             |  | <b>1. Annual Multi-Trip Premium</b> (Effective Date must be before July 31, 2016)<br><input type="checkbox"/> 8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 32 Day <input type="checkbox"/> 62 Day (select one) <input type="checkbox"/> 8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 32 Day <input type="checkbox"/> 62 Day       |  | \$                                                                                                                 |  |
| \$                                                                                                                                                                                                                                                                                                                                             |  | <b>2. Single Trip Premium</b> (See instructions on pages 2, 3 and 4 of the Brochure and the Rate Tables)                                                                                                                                                                                                                                                              |  | \$                                                                                                                 |  |
| \$                                                                                                                                                                                                                                                                                                                                             |  | <b>3. Subtotal:</b> Total of lines 1. + 2.                                                                                                                                                                                                                                                                                                                            |  | \$                                                                                                                 |  |
| <b>4. Adjustments</b> Each Applicant must insert the premium that applies to each selected <b>Adjustment 4a to 4d.</b>                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                    |  |
| 4a \$                                                                                                                                                                                                                                                                                                                                          |  | Deductible Option (Choose your deductible from Available Deductible Options on page ii of the sheet of Rate Tables). Multiply the % for your deductible by line 3. Subtotal and enter the result in box 4a. Indicate if this amount is to be added or subtracted (+ or -)                                                                                             |  | 4a \$                                                                                                              |  |
| 4b \$                                                                                                                                                                                                                                                                                                                                          |  | If you answer YES to 2 or more of the questions in Section 1.- Underwriting Medical Questions for Plan Selection on page 2 of the Brochure, multiply the % of your surcharge for <b>PLAN E</b> by line 3. Subtotal and enter the result in box 4b.                                                                                                                    |  | 4b \$                                                                                                              |  |
| 4c \$                                                                                                                                                                                                                                                                                                                                          |  | To reduce your <u>pre-existing medical condition stability</u> period to 7 days prior to any departure date:<br>If you are under age 72 on your first departure date, calculate 30% of line 3. Subtotal and enter the result in box 4c.<br>If you are age 72 or older on your first departure date, calculate 40% of line 3. Subtotal and enter the result in box 4c. |  | 4c \$                                                                                                              |  |
| 4d \$                                                                                                                                                                                                                                                                                                                                          |  | If in the 12 months prior to your departure date, you have used any tobacco products at any time, calculate 20% of line 3. Subtotal and enter the result in box 4d.                                                                                                                                                                                                   |  | 4d \$                                                                                                              |  |
| \$                                                                                                                                                                                                                                                                                                                                             |  | <b>Applicant 1 total...Total of lines 3. Subtotal and 4a to 4d...Applicant 2 total</b>                                                                                                                                                                                                                                                                                |  | \$                                                                                                                 |  |
| <b>APPLICANT 1 TOTAL + APPLICANT 2 TOTAL</b><br>Make cheques payable to: <b>GRAND TOTAL DUE</b><br>Travel Insurance Specialists or complete →                                                                                                                                                                                                  |  | Visa <input type="checkbox"/> MasterCard <input type="checkbox"/><br><b>CREDIT CARD DETAILS</b><br>Card # _____<br>3 Digit Code: _____ Expiry Date: _____ / _____<br>Month Year                                                                                                                                                                                       |  | <b>Make sure that each applicant reads, signs and dates the Declaration and Authorization on the reverse side.</b> |  |

**Eligibility Requirements**

You must meet the Eligibility Requirements A. to J. 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.

- A. You must be under age 86 on your first departure date.
- B. You must be a Canadian resident and be eligible for a provincial government health insurance plan.
- C. In the past 12 months you have NOT been advised by any physician that travelling on your trip would be medically unsafe or that you should not travel on your trip.
- D. In the past 12 months you have NOT had a diagnosis of or received treatment for a terminal illness.
- E. In the past 12 months you have NOT required dialysis for kidney disease.
- F. In the past 12 months you have NOT had or used home oxygen for a lung condition.
- G. You do NOT have an Abdominal Aortic Aneurysm (AAA) larger than 3.5 cm (diameter or width).
- H. You do NOT have any aneurysm [other than an Abdominal Aortic Aneurysm (AAA) above] that has not been surgically repaired.
- I. Your most recent coronary artery by-pass, coronary angioplasty or stent insertion was not more than 20 years ago.
- J. In the past 6 months you have NOT had a coronary artery by-pass, coronary angioplasty or stent insertion.

IF YOU DO NOT MEET ALL THE ELIGIBILITY REQUIREMENTS A. TO J. ABOVE, YOU ARE NOT ELIGIBLE TO PURCHASE THIS POLICY, SO DO NOT PROCEED ANY FURTHER.

If you meet all of the above Eligibility Requirements, proceed to Section. 1 on page 2 of the Brochure.

**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.

**Declaration and Authorization**

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

I am applying for the Due South Plus Medical Plan 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 above, Section 1. Underwriting Medical Questions for Plan Selection and Section 2. Medical Requirements for Plan Categories on pages 2 and 3 of the Brochure, form part of the application/policy and are material to the risk and consideration for the insurance for which I am applying. I declare that all the information 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 Due South Plus Medical Plan 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 Due South Plus Medical Plan 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 a Due South Plus Medical Plan 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 Due South Plus Medical Plan 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, 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(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, which would result in a change in the plan for which I qualify 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 signature (sign on line above)

Date

Applicant 2 signature (sign on line above)

Date