2015 – 2016 Brochure

TravelHealth Medical Plan

One of Canada's first Snowbird Plans

Travel Insurance Specialists

Serving Seniors for Over 20 Years

WWW.TIS.CA

Improvements to our plan for 2015 - 2016

Better coverage:

- **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 prior to your departure date are **no longer a policy exclusion**

PLUS. . .You can now upgrade your coverage to $2,000,000

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.

PLAN HIGHLIGHTS

- No extra charge for 1 or 2 blood pressure *medication(s)* within the last 12 months
- No separate charge for Coumadin/Warfarin
- 1 month *stability* option if you had a recent *medication* change (see Front of Application)
- Annual Multi-Trip plans to 62 days for most ages
- Retiree Plan Top-up coverage available for no extra charge (see point 8 on page 3)
- No extra charge for cholesterol *medication*
- Aspirin or equivalent is not counted as a *medication*
- You can purchase online at WWW.TIS.CA and pay your premium with VISA or MasterCard
- Great refund policy

BENEFITS SUMMARY — 2015 - 2016 SEASON

EMERGENCY **MEDICAL SERVICES**	**$1,000,000 or $2,000,000**
Emergency Ambulance Transportation	Eligible Expenses
Private Nursing	$5,000
Emergency Dental Due to an Accidental Blow to the Mouth	$2,000
Emergency Relief of Dental Pain	$300
Major Event Return Home	$3,000
Return of Your Vehicle	$2,500
Emergency Return Home	Eligible Expenses
Expenses Related to Your Death	$5,000
Removal of a Cast or Stitches after an *Emergency*	$300
Child Return Under Your Care	Eligible Expenses
Subsistence Allowance	$1,500
Bedside Companion Travel Care	Eligible Expenses
Emergency 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.

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 **$350US** deductible will be **reduced** to **$300US** when purchasing the TravelHealth Medical Plan this season. Also, if you did not report a claim in the last 2 consecutive seasons, your deductible will be **reduced** to **$250US**; if you did not report a claim in the last 3 consecutive seasons, your deductible will be **reduced** to **$200US;** and if you did not report a claim in the last **4** consecutive seasons, your deductible will be **reduced** to **$150US**. 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.)

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

Medical Requirements for Plan Categories

If you are eligible for this insurance, as shown on the Back of the Application for Insurance – Eligibility Requirements, you must choose the correct plan based on your answers to the Medical Requirements for Plan Categories as shown below. If you are unsure of your medical history or conditions, check with your physician.

NOTE: Any words that are italicized and underlined refer to defined terms (see Definitions on page 3 of this Brochure).

Start with Plan 5 & 4 and work downward. Follow the important instructions after the medical requirements for each plan.

Plan 5 - If you answer YES to 2 or more of any of the statements 1. (i) to (iv), 2. or 3. below, you qualify for Plan 5.

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

1. In the 5 years prior to your departure date, you have received *treatment* for, taken *medication* for or had a diagnosis of any of these conditions:
   (i) *heart condition*;
   (ii) stroke (CVA/Cerebral Vascular Accident) ;
   (iii) Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis); or
   (iv) carotid stenosis [blocked or clogged blood vessel(s) in the neck].

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

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

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

1. In the 12 months prior to your departure date, you have received *treatment* for, taken *medication* for or had a diagnosis of any of these conditions:
   (i) 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 3 or Plan 4 based on the above, follow the instruction in NOTE at the bottom of this page. Otherwise continue to Plan 2.

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

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 2, follow the instruction in NOTE at the bottom of this page. Otherwise continue to Plan 1.

Plan 1 – If you are eligible for this insurance, but do not qualify for Plan 2, Plan 3, Plan 4 or Plan 5, you qualify for Plan 1. See NOTE below.

NOTE: Proceed to the Front of the Application for Insurance and complete the Travel and Premium Details sections.

NOTE: The TravelHealth Medical Plan covers eligible expenses for *treatment* required only as a result of a medical *emergency* and has other terms, conditions, limitations and exclusions which may affect your coverage. For a full description, see the TravelHealth Medical Plan policy. The policy maximum is $1,000,000 per person per claim unless you have upgraded to the $2,000,000 policy maximum.

Instructions

Each Applicant must follow these instructions when completing their Application.

1. Read Eligibility Requirements on the Back of the Application for Insurance. Continue only if you are eligible for this insurance.
2. Complete the Applicant Information section on the Front of the Application for Insurance.
3. Complete the Travel Details section on the Front of the Application for Insurance.
4. Determine which Plan you qualify for by using the Medical Requirements for Plan Categories, found on page 2 of this Brochure. Check off the correct box, in the section Premium Details on the Front of the Application for Insurance, to indicate the Plan which you qualify for.
5. If you are selecting an Annual Multi-Trip Plan, find your premium in the correct Rate Table on page 4 of this Brochure, based on the maximum number of days for each trip, the Plan which you qualify for and your age on the Annual Multi-Trip Effective Date. Transfer that amount to line 1. in the section Premium Details on the Front of the Application for Insurance. Also, indicate your choice of 8, 16, 32 or 62 days.
6. If you are selecting Single Trip coverage, use the Rate Table for the plan which you qualify for on page 4 of this Brochure to determine your Single Trip Daily Rate. It is based on your age at your departure date and the Total Trip Days which is the number of days between your Departure Date from Canada and your Expiry Date for Single Trip.
7. Transfer your Single Trip Daily Rate (based on Total Trip Days) to the Single Trip Premium Calculation Chart at the bottom of page 4. Use this chart to calculate the number of days of coverage you require: Total Trip Days less Other coverage days (the total number of existing days of coverage you may have on any annual plans). Multiply the Single Trip Days by the Daily Rate to calculate your Single Trip Premium.
8. Transfer the amount of your Single Trip Premium to line 2. on the Front of the Application for Insurance in the Premium Details section.

   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 $2,000,000 under the terms and conditions of the TravelHealth Medical Plan policy for NO EXTRA CHARGE if you purchase at least 35 days coverage under this policy.
9. Carefully complete the rest of the Premium Details section on the Front of the Application for Insurance including 4. ADJUSTMENTS. Choose your deductible, based on the table — Available Deductible Options (US$) on page 4 of this Brochure. Transfer the appropriate percentage to Adjustment 4a. Enter the premium amount in the appropriate boxes for all Adjustments (4a to 4f) which apply.
10. In order to calculate your total premium, add lines 3. and 4a to 4f and enter the amount in your Applicant total box. Add each Applicant's total (if applicable) and enter it in the GRAND TOTAL DUE box. Indicate your credit card details (if applicable).
11. Each applicant must read, sign and date the Declaration and Authorization on the Back of the Application for Insurance.
12. Send us your completed application along with full payment.

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

MAIL TO: TRAVEL INSURANCE SPECIALISTS
34629A Delair Road, Abbotsford, BC V2S 2E1

13. These documents are not your TravelHealth Medical Plan policy. We will send your policy, wallet cards and a receipt as soon as your payment has been processed or you can download the policy from WWW.TIS.CA.
14. 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 4 of this Brochure in the 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 TravelHealth Medical Plan policy for Extension details.

Definitions

(This is a partial list of definitions. For a complete list of definitions, please refer to the definition section of the policy once you receive it.)

bowel condition: includes ulcerative colitis, Crohn's disease, diverticulitis, *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.

TravelHealth Medical Plan

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2015 - 2016 Brochure

Questions?
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or email: INFO@TIS.CA

THE MINIMUM PREMIUM IS $20 PER PERSON.

RATE TABLES – Winter Rates

Rates are subject to change without notice.

PLAN 1

Covers *emergency treatment* for *pre-existing medical condition(s)* that were *stable* in the 3 MONTHS prior to any Departure Date.

	Number of Days	AGE 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip Daily Rate	1–63	3.39	3.91	4.22	5.51	7.40	11.74	19.78	27.42	32.30
	64–84	3.58	4.11	4.43	5.80	7.78	12.34	20.77	28.79	33.94
	85–105	3.72	4.31	4.65	6.07	8.14	12.94	21.75	30.17	35.54
	106–126	3.91	4.50	4.86	6.35	8.51	13.51	22.72	31.54	37.15
	127–183	4.07	4.72	5.29	6.81	8.89	13.71	22.76	31.58	38.75
	184 +	4.41	5.09	5.75	7.37	9.89	14.86	25.70	35.64	41.99
Multi-trip	8 day	$ 89	96	105	129	161	187	206	N/A	N/A
	16 day	110	114	121	149	194	229	266	N/A	N/A
	32 day	208	217	229	286	366	432	N/A	N/A	N/A
	62 day	448	468	492	614	791	N/A	N/A	N/A	N/A
OUT OF CANADA Extension Daily Rate		$4.48	5.19	5.82	7.49	9.77	16.75	26.08	36.19	42.63

PLAN 2

Covers *emergency treatment* for *pre-existing medical condition(s)* that were *stable* in the 3 MONTHS prior to any Departure Date.

	Number of Days	AGE 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip Daily Rate	1–63	4.41	5.09	5.49	7.18	9.65	15.27	25.70	35.64	41.99
	64–84	4.63	5.37	5.78	7.54	10.11	16.02	26.98	37.43	44.10
	85–105	4.85	5.60	6.05	7.90	10.58	16.80	28.25	39.20	46.19
	106–126	5.07	5.86	6.30	8.25	11.07	17.57	29.56	41.00	48.28
	127–183	5.29	6.13	6.89	8.86	11.54	17.84	29.60	41.05	50.39
	184 +	5.72	6.62	7.47	9.58	12.85	19.31	33.42	46.33	54.59
Multi-trip	8 day	$114	122	132	164	209	238	275	N/A	N/A
	16 day	140	147	156	190	250	293	341	N/A	N/A
	32 day	267	279	296	369	473	561	N/A	N/A	N/A
	62 day	579	606	640	798	1,026	N/A	N/A	N/A	N/A
OUT OF CANADA Extension Daily Rate		$5.83	6.74	7.58	9.74	12.69	21.80	33.92	47.05	55.43

PLAN 3

Covers *emergency treatment* for *pre-existing medical condition(s)* that were *stable* in the 3 MONTHS prior to any Departure Date.

	Number of Days	AGE 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip Daily Rate	1–63	5.45	6.26	6.77	8.83	11.85	18.80	31.64	43.87	51.67
	64–84	5.70	6.60	7.08	9.28	12.43	19.75	33.21	46.08	54.26
	85–105	6.00	6.92	7.43	9.71	13.02	20.68	34.79	48.27	56.85
	106–126	6.24	7.21	7.78	10.15	13.63	21.62	36.37	50.46	59.43
	127–183	6.52	7.52	8.49	10.90	14.22	21.93	36.43	50.55	62.02
	184 +	7.06	8.15	9.19	11.79	15.82	23.76	41.13	57.06	67.18
Multi-trip	8 day	$139	149	160	200	254	317	N/A	N/A	N/A
	16 day	172	178	190	230	304	400	N/A	N/A	N/A
	32 day	327	342	363	449	580	760	N/A	N/A	N/A
	62 day	711	739	790	972	1,260	N/A	N/A	N/A	N/A
OUT OF CANADA Extension Daily Rate		$7.17	8.28	9.34	11.99	15.65	26.82	41.76	57.92	68.22

PLAN 4

Covers *emergency treatment* for *pre-existing medical condition(s)* that were *stable* in the 12 MONTHS prior to any Departure Date.

	Number of Days	AGE 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip Daily Rate	1–63	6.95	8.03	8.66	11.30	15.17	24.06	40.47	56.16	66.13
	64–84	7.30	8.44	9.08	11.86	15.93	25.25	42.49	58.95	69.43
	85–105	7.66	8.83	9.50	12.43	16.68	26.47	44.53	61.77	72.73
	106–126	8.01	9.24	9.96	12.99	17.45	27.65	46.53	64.57	76.07
	127–183	8.36	9.64	10.87	13.94	18.19	28.07	48.58	67.39	79.35
	184 +	9.04	10.45	11.77	15.10	20.24	30.42	52.61	73.00	85.97
Multi-trip	8 day	$184	197	211	266	337	N/A	N/A	N/A	N/A
	16 day	229	238	252	305	404	N/A	N/A	N/A	N/A
	32 day	439	454	485	600	774	N/A	N/A	N/A	N/A
	62 day	955	992	1,054	1,304	1,687	N/A	N/A	N/A	N/A
OUT OF CANADA Extension Daily Rate		$9.19	10.60	11.96	15.32	20.01	34.31	53.43	74.11	87.29

PLAN 5

Covers *emergency treatment* for *pre-existing medical condition(s)* that were *stable* in the 12 MONTHS prior to any Departure Date.

	Number of Days	AGE 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip Daily Rate	1–63	8.95	10.34	11.14	14.58	19.56	31.01	52.18	72.40	85.27
	64–84	9.42	10.87	11.70	15.30	20.54	32.55	54.80	76.01	89.54
	85–105	9.86	11.40	12.27	16.02	21.51	34.12	57.40	79.64	93.79
	106–126	10.30	11.91	12.82	16.75	22.50	35.65	60.02	83.25	98.05
	127–183	10.76	12.43	13.99	17.96	23.45	36.20	62.61	86.88	102.33
	184 +	11.65	13.45	15.17	19.45	26.11	39.22	67.83	94.12	110.84
Multi-trip	8 day	$245	260	281	353	449	N/A	N/A	N/A	N/A
	16 day	305	316	337	407	540	N/A	N/A	N/A	N/A
	32 day	585	609	647	801	1,035	N/A	N/A	N/A	N/A
	62 day	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUT OF CANADA Extension Daily Rate		$11.85	13.66	15.39	19.78	25.80	44.26	68.87	95.57	112.56

IMPORTANT: To help you complete the Application for Insurance, see the Instructions on page 3 of this Brochure

THE MINIMUM PREMIUM IS $20 PER PERSON.

Available Deductible Options (US $)

$0	$350	$500	$1,000	$5,000	$10,000
+10%	automatic	- 5%	- 10%	- 25%	- 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.

If you qualify for the **NO-CLAIM DEDUCTIBLE CREDIT,** but would like to reduce your **$150US, $200US, $250US or $300US** deductible to a **$0** deductible, enter **5%** in **4. ADJUSTMENTS** point **4 a)** on the Front of the Application for Insurance.

Single Trip Premium Calculation Chart

If you are eligible for this insurance: enter your **Total Trip Days**, **Other coverage days** (if any) and number of **Single Trip Days** of coverage you require in the chart below. Determine the **Plan** you qualify for—based on the Medical Requirements for Plan Categories on page 2. Using the appropriate Rate Table above, find your Daily Rate —based on your Total Trip Days—and enter it in the **Daily Rate** box below. Calculate your **Single Trip Premium** (multiply **Single Trip Days** by the **Daily Rate**) and transfer the total to line **2.** on the Front of the **Application for Insurance** in the **Premium Details** section.

	Total Trip days		Other coverage days		Single Trip Days		Daily Rate		Single Trip Premium
Applicant 1		—		=		x	$	=	$
Applicant 2		—		=		x	$	=	$

TravelHealth Medical Plan

One of Canada's first Snowbird Plans

Underwritten by Industrial Alliance Insurance and Financial Services Inc.

— Front —

Application for Insurance 2015 — 2016

1-888-694-6666 TIS

Applicant Information

APPLICANT 1	APPLICANT 2
Last name (Name must be the same as on your health card)	Last name (Name must be the same as on your health card)
First name / Phone	First name / Phone
Date of Birth dd mm yy / Government Health Plan # & version code	Date of Birth dd mm yy / Government Health Plan # & version code
Address in Canada: Street / City	Family Doctor: Name / Phone
Province / Postal Code / E-mail address (if any)	
Family Doctor: 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 TravelHealth Medical Plan 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 3 of the Brochure.

Out of Country Address (if unknown give city/state)

Street

City / State / Zip Code

Phone

Emergency Contact in Canada (relative or friend)

Name / Phone

Travel Details

APPLICANT 1		APPLICANT 2
dd mm yy	Departure Date from Canada. (The day you leave Canada)	dd mm yy
dd mm yy	Effective Date for Single Trip Coverage begins at 12:01AM on this day. If topping up another plan, the Effective Date will be the day after your other coverage terminates.	dd mm yy
dd mm yy	Expiry Date for Single Trip Coverage ends at 11:59 PM on this day. (Must be before September 30, 2016)	dd mm yy
Coverage Days	Total Number of days of Single Trip Coverage Number of days from the Effective Date to the Expiry Date (count both of these days).	Coverage Days
dd mm yy	Annual Multi-Trip Effective Date (If selected) (Must be before July 31, 2016)	dd mm yy

Premium Details

Plan: 1 2 3 4 5 ◄ Check one		Check one ► Plan: 1 2 3 4 5
$	**1. Annual Multi-Trip Premium** (Effective Date must be before July 31, 2016) ☐ 8 Day ☐ 16 Day ☐ 32 Day ☐ 62 Day (select one) ☐ 8 Day ☐ 16 Day ☐ 32 Day ☐ 62 Day	$
$	**2. Single Trip Premium** (See Calculation instructions on pages 3 and 4 of the Brochure)	$
$	**3. Subtotal:** Total of lines **1.** + **2.**	$
	4. Adjustments Each Applicant must insert the premium that applies to each selected **Adjustment 4a** to **4f**.	
4a $	Deductible Option (Choose your deductible from Available Deductible Options on page 4 of the Brochure). Multiply the % for your deductible by line 3. Subtotal and enter the result in box 4a. Indicate if this amount is to be added or subtracted (+ or –)	$ 4a
4b $	To reduce your *pre-existing medical condition* *stability* period from 12 months to 3 months prior to any departure date. (Plan 4 & 5 only) Calculate 25% of line 3. Subtotal and enter the result in box 4b	$ 4b
4c $	If you had a replacement, elimination or an increase/decrease in dosage or frequency of a *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. Calculate 35% of line 3. Subtotal and enter the result in box 4c	$ 4c
4d $	To increase your policy maximum from $1,000,000 to $2,000,000, calculate 5% of line 3. Subtotal and enter the result in box 4d	$ 4d
4e $	If in the 12 months prior to your departure date, you have used any tobacco products at any time, calculate 15% of line 3. Subtotal and enter the result in box 4e	$ 4e
4f $		$ 4f
$	◄ Applicant 1 total...Total of lines 3. and 4a to 4f...Applicant 2 total ►	$

APPLICANT 1 TOTAL + APPLICANT 2 TOTAL $

Make cheques payable to: Travel Insurance Specialists

GRAND TOTAL DUE or complete →

CREDIT CARD DETAILS

Visa ☐ MasterCard ☐

Card # _____

3 Digit Code: _____ Expiry Date: _____ / _____ (Month / Year)

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

Eligibility Requirements

You must meet the Eligibility Requirements below any time you depart Canada on a Single Trip Plan or depart your province 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.

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

NOTE: We may have other options for you to consider if you are not eligible for the TravelHealth Medical Plan this season. Simply call us.

IMPORTANT: You must notify 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 TravelHealth 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, and the Medical Requirements for Plan Categories on page 2 of the Brochure, form part of the application/policy and are material to the risk and consideration for the insurance for which I am applying. I declare that all the information 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 TravelHealth 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 TravelHealth 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 TravelHealth 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 TravelHealth 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

NOTE: Any words that are italicized and underlined refer to defined terms (see Definitions on page 3 of the Brochure).