

The product and rates described are subject to change without notice at any time.

Application Form

Age **54** and under Effective **July 2005**



PERSONAL INFORMATION

Your personal information is collected for the purpose of providing you with insurance services, claims analysis and payments. Call 1-888-830-7460 for a copy of the ETFS Privacy Policy. For Privacy Information, please see www.royalsunalliance.ca, or call us at 1-800-716-4339.

- Companion discount** – You and a travel companion will each save **5%** on your travel insurance as long as you are both travelling together and share the same accommodation and transportation for your trip. **Subtract 5% from line 3 on your premium calculation.**
- Early Bird discount** – Our Early Bird special is on for a limited time only so don't delay! Purchase your travel insurance now and save **5%**. **Subtract 5% from line 5 on your premium calculation.**
- Loyalty discount** – Our customers matter to us. Start building your loyalty now and you benefit from an additional **3%** off on your travel insurance. **Subtract 3% from line 7 on your premium calculation.**

STEP 1 INSTRUCTIONS

- Your Single Trip Daily rate is based on your age as of the **purchase** date and the **total** trip duration (including the departure and return dates).
- If you are topping up an existing plan (or our Multi-Trip Annual Plan), your Single Trip Daily rate is based on your **total** trip duration and multiplied by the number of top up days.
- The minimum premium is \$25 per person, per plan.
- Coverage beyond 182 days (212 days for Ontario residents) is available provided sufficient documentation is received. Call your broker or the sales agent indicated above for more information.

STEP 2 DEFINITIONS - Please refer to the following definitions for words where notations appear in this application form.

- Treated** means that you have been hospitalized, have been prescribed (including prescribed as needed), have taken or are currently taking medication or have undergone a medical or surgical procedure.
- Stable** means any medical condition (other than a minor ailment*) for which all the following statements are true:
 - there has been no new diagnosis, treatment or prescribed medication;
 - there has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type.

Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from

a brand name medication to a generic brand medication (provided that the dosage is not modified);

 - there have been no new symptoms, more frequent symptoms or more severe symptoms;
 - there have been no test results showing deterioration;
 - there has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting the results of further investigations for that medical condition.
- Minor ailment** means any sickness or injury which does not require the use of medication for a period of greater than 15 days, more than one follow up visit to a physician, hospitalization, surgical intervention or referral to a specialist and which ends at least 30 consecutive days prior to the departure date of each trip. However, a chronic condition or complications of a chronic condition are not considered a minor ailment.

STEP 3 ELIGIBILITY CRITERIA, PRE-EXISTING MEDICAL CONDITION EXCLUSIONS AND RATE TABLE

Eligibility Criteria

You must meet the following criteria to be eligible for this insurance:

- You must be a Canadian resident and be covered by the Government Health Insurance Plan of your province or territory of residence for the entire duration of your trip.
- You must NOT be traveling against the advice of a physician or have been diagnosed with a terminal illness. A terminal illness means that you have a medical condition that is cause for a physician to estimate that you have less than six (6) months to live.
- You must NOT have a kidney disease requiring dialysis.

Coverage for Commercial Vehicle Drivers and Passengers

COMMERCIAL VEHICLE 30-DAY ANNUAL PLAN RATES

• 30-Day Annual Plan Only • \$0 Deductible	30-Day Annual Plan		Age 0-29	Age 30-54
	Single		\$224	\$259
	Family		\$288	\$333

Pre-Existing Medical Condition Exclusions

For the **full** pre-existing medical condition exclusions, refer to your policy.

This insurance **does not cover** losses or expenses caused directly or indirectly, in whole or in part, by your medical condition, if at any time, in the **6 months (3 months for hypertension/high blood pressure)**, prior to each departure date, your medical condition has not been **stable**².

This insurance **does not cover** losses or expenses caused directly or indirectly, in whole or in part, by:

- Any lung condition for which you required hospitalization, the use of home oxygen therapy or treatment with Prednisone in the **12 months** prior to each departure date;
- A heart condition for which, in the **12 months** prior to each departure date, you required hospitalization or a change in medication where the dosage or frequency has been reduced, increased, stopped and/or new medications have been prescribed (except for regulatory medications as long as they are not newly prescribed or stopped, such as Coumadin and a change from a brand name medication to a generic brand medication, insofar as the dosage is not modified);
- Congestive heart failure if you have **ever** been diagnosed or **treated**¹ for congestive heart failure; or
- Any of the following conditions if you have been diagnosed or **treated**¹ for a **total of three or more** of the following during the **12 months** prior to each departure date: any heart condition, any lung condition, hypertension/high blood pressure or diabetes treated with oral medication and/or insulin.

Rate Table

\$0 DEDUCTIBLE					
PLAN AND NUMBER OF DAYS		PREMIUM FOR APPLICANT'S AGE			
MULTI-TRIP	4	0 TO 29		30 TO 54	
		SINGLE	FAMILY	SINGLE	FAMILY
		\$32	\$64	\$36	\$72
		\$42	\$84	\$50	\$100
	15	\$64	\$128	\$74	\$148
30	\$122	\$244	\$143	\$286	
SINGLE TRIP	1-30	SINGLE \$1.91	FAMILY \$3.82	SINGLE \$2.28	FAMILY \$4.56
	31-60	\$1.47	\$2.94	\$1.85	\$3.70
	61-90	\$1.41	\$2.82	\$1.79	\$3.58
	91-120	\$1.38	\$2.76	\$1.78	\$3.56
	121-150	\$1.37	\$2.74	\$1.79	\$3.58
	151-180	\$1.36	\$2.72	\$1.80	\$3.60
	181+	\$1.35	\$2.70	\$1.82	\$3.64

40-DAY MULTI-TRIP ANNUAL PLAN WITH PSHCP

40-DAY SUPPLEMENTAL MULTI-TRIP ANNUAL PLAN FOR THE PUBLIC SERVICE HEALTH CARE PLAN (PSHCP)	For the full pre-existing medical condition exclusion, refer to your PSHCP policy.	
Increase your protection from \$100,000 to \$ 5 million CAD and be covered for trip Cancellation, Interruption and Delay benefits up to \$4,000 CAD. No medical questionnaire is required.	Age of applicant	1-54
	Premium per applicant	\$78

Medi-Select Advantage® Emergency Medical Travel Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by Expert Travel Financial Security (E.T.F.S.) Inc., a member of the ETFS Financial Group.
 ¹ The Royal & SunAlliance logo is a trademark owned by Royal & SunAlliance Plc, licensed by Royal & Sun Alliance Insurance Company of Canada.
 ² The following is a registered trademark of Expert Travel Financial Security (E.T.F.S.) Inc., a member of the ETFS Financial Group: Medi-Select Advantage.

10.03 APD ECA 0605 -CP

Policy Number APPLICANT 1

Policy Number APPLICANT 2

Date Issued

Date Issued

Distributor Name

Ingle Insurance

Distributor No

2839 - SNO

STEP 4 GENERAL INFORMATION AND TRAVEL INFORMATION

APPLICANT 1

APPLICANT 2

Last Name

First Name

Last Name

First Name

Date of Birth (Day/Month/Year)

Male Female

Date of Birth (Day/Month/Year)

Male Female

Government Health Insurance Plan Number (G.H.I.P.) (version code for Ontario, where applicable)

Expiry Date (if applicable)

Government Health Insurance Plan Number (G.H.I.P.) (version code for Ontario, where applicable)

Expiry Date (if applicable)

If applying for family coverage, please list last name, first name and date of birth for each dependent. If additional space is required, please attach an additional sheet of paper.

Table with 4 columns: Name, First name, Date of birth, G.H.I.P. and 4 rows for dependents.

HOME ADDRESS:

Home address fields: Street, City, Province, Postal Code, E-mail Address, Telephone Number.

DESTINATION ADDRESS:

Destination address fields: Street, City, Province/State/Country, Postal Code/Zip Code, E-mail Address, Telephone Number, Emergency Contact Name, Emergency Contact Telephone.

APPLICANT 1

APPLICANT 2

1. Multi-Trip Annual Plan

1. Multi-Trip Annual Plan

Select your coverage duration: 4 days, 15 days, 30 days, 40 days PSHCP, 60 days

Select your coverage duration: 4 days, 15 days, 30 days, 40 days PSHCP, 60 days

Effective date*

Effective date*

2. Single Trip Daily Plan

2. Single Trip Daily Plan

Departure date

Departure date

Effective date

Effective date

Expiry date

Expiry date

* If you are adding this insurance as a top up to an existing coverage, the effective date will be the day after your existing coverage terminates. Please indicate below the name of the other insurer as well as the number of insured days.

Name of the other insurer Number of days

STEP 5 PREMIUM CALCULATION AND METHOD OF PAYMENT

APPLICANT 1

APPLICANT 2

Premium calculation table with columns for Applicant 1 and Applicant 2, rows for Multi-Trip Annual Premium, Single Trip Daily Premium, Subtotal, Discounts, and Total Travel Insurance Premium.

TOTAL PAYMENT SUBMITTED FOR APPLICANT 1 AND APPLICANT 2

METHOD OF PAYMENT

Payment methods: Visa, MasterCard, AMEX, Diners - En Route, Cheque made payable to the broker or sales agent indicated on the front of this application form.

Payment details fields: Card Number, Expiry Date, Signature of Cardholder, Date Signed.