.:Medi-Select Advantage®
Travel Insurance

Application
Age 59 or under
Effective August 2017

RSA

Please send your completed application and your cheque payable to:

Ingle International & Imagine Financial Ltd.
460 Richmond Street West, Suite 100
Toronto, Ontario M5V 1Y1

For more information, **call 1-800-360-3234** or 416-730-8488
or visit Ingle online at **www.ingleinternational.com**

For Broker/Sales Agent Use Only		10 26 APP ECA 0817 000
Applicant 1 Policy Number:	**Applicant 2** Policy Number:	Date Issued (D/M/Y):

IMPORTANT NOTICE

Important Notice About Your Personal Information: By submitting this application you agree that Royal & Sun Alliance Insurance Company of Canada ("we", "us") may collect, use and disclose your Personal Information (including to and from your broker, our affiliates and service providers and organizations that may have referred you to us, and professional associations of which you may be a member) for purposes of quoting a premium, policy administration, improving customer experience, administering referral arrangements, and for other lawful purposes described in our Protecting Customer Privacy document. For a copy of this document please see www.rsatravelinsurance.com.

A – Are you eligible?

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

1. You must be a Canadian resident and be covered by the government health insurance plan (GHIP) of your Canadian province or territory of residence for the entire duration of your trip.
2. You must NOT be travelling against the advice of a physician or have been diagnosed with a *terminal illness* or *metastatic cancer*.
3. You must NOT have a kidney disease requiring dialysis.
4. You must NOT have been prescribed or used home oxygen during the 12 months prior to your date of application.
5. You must be at least 15 days old.

Additionally, if you are applying for the Non-Medical Single Trip Plan or Non-Medical Multi-Trip Plan: This insurance must be:

a) Issued in Canada for travel arrangements booked through a supplier of travel services; and
b) Purchased prior to the contracted date of departure from your home province or territory of residence or Canada.

Note: For Trip Cancellation benefits to apply to your covered trip, coverage must be in effect within 7 days of the initial deposit for your covered trip or prior to any cancellation penalties being applicable for your covered trip.

B – Definitions

Throughout the Application, defined words are written in italics. Please refer to them as they are important definitions.

1. **Terminal illness**: means that you have a medical condition that is cause for a physician to estimate that you have less than 6 months to live or for which palliative care has been received.
2. **Metastatic cancer**: means a cancer that has spread from its original site to one or more other area(s) of the body.
3. **Stable**: means any medical condition (other than a *minor ailment*) for which all the following statements are true:
   a) There has been no new diagnosis, treatment or prescribed medication.
   b) 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.)
   c) There have been no new symptoms, more frequent symptoms or more severe symptoms.
   d) There have been no test results showing deterioration.
   e) There has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting results of further investigations for that medical condition.
4. **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 any complication of a chronic condition is not considered a minor ailment.

C – Pre-Existing Medical Condition Exclusions

A pre-existing medical condition exclusion may apply to medical conditions and/or symptoms that exist prior to your trip. The exclusion is as follows:

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

1. Any sickness, injury or medical condition (other than a *minor ailment*) that was not *stable* at any time during the 90 days prior to each departure date.
2. Your heart condition, if **any** heart condition was not *stable* at any time during the 90 days prior to each departure date.
3. Your lung condition, if:
   a) **any** lung condition was not *stable*; or
   b) you have been treated with home oxygen or taken oral steroids (e.g., prednisone) for **any** lung condition;

   at any time during the 90 days prior to each departure date.

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D – Personal Information (If choosing Family Coverage, enter the eldest family member as Applicant 1)

Applicant 1

First Name | Last Name | Date of Birth (D/M/Y) ______/______/______ ☐ Male ☐ Female

Applicant 2

First Name | Last Name | Date of Birth (D/M/Y) ______/______/______ ☐ Male ☐ Female

Home Address

Street | City | Province

Postal Code | Telephone | E-mail

Destination Address

Street | City | Province / State / Country

Postal / Zip Code | Telephone | E-mail (if different from home e-mail)

Emergency Contact

First Name | Last Name | Telephone

Dependents

For Family Coverage only

First Name | Last Name | Date of Birth (D/M/Y) ______/______/______ ☐ Male ☐ Female

First Name | Last Name | Date of Birth (D/M/Y) ______/______/______ ☐ Male ☐ Female

First Name | Last Name | Date of Birth (D/M/Y) ______/______/______ ☐ Male ☐ Female

If additional space is required, please attach an additional sheet of paper.

E – Trip Information

Check the applicable Plan you are applying for.

Applicant 1 (if choosing Single or Family Coverage)

PLANS ☐ Single Coverage ☐ Family Coverage*

EMERGENCY MEDICAL TRAVEL INSURANCE PLANS

☐ **Medical Multi-Trip Annual Plan:** ☐ 4-Day ☐ 9-Day ☐ 16-Day ☐ 30-Day ☐ 40-Day Supplemental for PSHCP members

Effective Date (D/M/Y): ____/____/____

☐ **Medical Single Trip Daily Plan** ☐ **Canada Plan**

Departure Date (D/M/Y): ____/____/____ Return Date (D/M/Y): ____/____/____

NON-MEDICAL TRAVEL INSURANCE PLANS

☐ **Non-Medical Multi-Trip Annual Plan:** ☐ 4-Day ☐ 9-Day ☐ 16-Day ☐ 30-Day

Effective Date (D/M/Y): ____/____/____

☐ **Non-Medical Single Trip Plan** Trip Value: $ ________________

Departure Date (D/M/Y): ____/____/____ Return Date (D/M/Y): ____/____/____

TOP UP

☐ **Medical Single Trip Daily Plan – Top Up** ☐ **Non-Medical Single Trip Top Up Plan****

Departure Date (D/M/Y): ___/___/___ Number of Pre-insured days: ____________

Top Up Effective Date*** (D/M/Y): ___/___/___ Return Date (D/M/Y): ___/___/___

Name of the other Insurer (if applicable): ______________________

Applicant 2 (if choosing Single Coverage for a travel companion)

PLANS

EMERGENCY MEDICAL TRAVEL INSURANCE PLANS

☐ **Medical Multi-Trip Annual Plan:** ☐ 4-Day ☐ 9-Day ☐ 16-Day ☐ 30-Day ☐ 40-Day Supplemental for PSHCP members

Effective Date (D/M/Y): ____/____/____

☐ **Medical Single Trip Daily Plan** ☐ **Canada Plan**

Departure Date (D/M/Y): ____/____/____ Return Date (D/M/Y): ____/____/____

NON-MEDICAL TRAVEL INSURANCE PLANS

☐ **Non-Medical Multi-Trip Annual Plan:** ☐ 4-Day ☐ 9-Day ☐ 16-Day ☐ 30-Day

Effective Date (D/M/Y): ____/____/____

☐ **Non-Medical Single Trip Plan** Trip Value: $ ________________

Departure Date (D/M/Y): ____/____/____ Return Date (D/M/Y): ____/____/____

TOP UP

☐ **Medical Single Trip Daily Plan – Top Up** ☐ **Non-Medical Single Trip Top Up Plan****

Departure Date (D/M/Y): ___/___/___ Number of Pre-insured days: ____________

Top Up Effective Date*** (D/M/Y): ___/___/___ Return Date (D/M/Y): ___/___/___

Name of the other Insurer (if applicable): ______________________

* Family Coverage provides coverage for the insured person, as well as his or her spouse and dependent children, provided the spouse and dependent children meet the eligibility requirements and definitions of the policy. Applicant 1 must be the eldest family member. Family coverage is not available on the Non-Medical Single Trip Plan. The premium for family coverage is shown on the Rates Sheet.

** The Non-Medical Single Trip Top Up Plan does not include Trip Cancellation benefits.

*** The Top Up Effective Date will be the day after your existing coverage terminates.

F – Premium and Payment

Please complete the Premium Calculation – Plans **without** Medical Questionnaire page to determine each Applicant's total premium. For rates to top up the Non-Medical Multi-Trip Annual Plan, contact your broker or sales agent.

Total Premium $ Applicant 1 + $ Applicant 2 = $ TOTAL

Method of Payment ☐ Visa ☐ MasterCard ☐ AMEX ☐ Cheque made payable to the broker or sales agent indicated on the front of this application

Credit Card Information

Card Number | Expiry Date (M/Y)

Name of Cardholder | Signature of Cardholder | Date Signed (D/M/Y)