

# THE ANSWER FOR YEAR-ROUND, WORRY-FREE TRAVEL

## **\$1,000,000 PROTECTION - NO DEDUCTIBLE**

Now you and your family can have peace of mind when travelling. Coverage is provided for eligible expenses incurred outside your province (less any amount covered by your provincial health plan or by any insurance or medical reimbursement plan) as a result of emergency medical treatment of an injury or sickness. The lifetime maximum per Insured Person is \$1,000,000 CDN.

## **AUTOMATIC FAMILY PROTECTION**

Your spouse and children are automatically covered at no extra charge. The policy covers your spouse under age 65 who is living with you; unmarried children under age 21 receiving support and maintenance from you (or under 26 and attending a School of Higher Learning in Canada on a full-time basis).

## **MULTIPLE TRIPS**

Some medical insurance plans cover only single, short trips and charge you for each trip. GHIP+ Travel Supplement covers you year-round, on trips of 45 days or less! There's just one low annual premium to pay.

## **CLAIM CO-ORDINATION**

Industrial Assistance claims department will co-ordinate settlements of claims with other benefit plans.

## **24 HOUR ASSISTANCE BENEFITS**

In addition to insurance benefits, coverage includes services offered 24 hours a day, 7 days a week by Industrial Alliance Emergency Assistance, including help in finding the nearest appropriate physician or medical facility and arranging medical transportation.

## **COVERAGE FOR PRE-EXISTING CONDITIONS**

Pre-existing conditions that have not required a change in treatment and/or medication during the three-month period, ages 59 or under, and the six-month period, ages 60 but under age 65, immediately preceding the departure date.

## **WHO QUALIFIES?**

You must be a resident of Canada, insured under your Provincial/Territorial Government Health Insurance Plan; under age 65, and not attending school or employed outside of Canada.

# ELIGIBLE EXPENSES

## **EMERGENCY EXCESS HOSPITAL EXPENSES**

You are reimbursed (direct settlement is provided where possible) for confined in-patient hospital expenses. Hospital accommodation is reimbursed up to and including semiprivate accommodation.

## **EMERGENCY EXCESS MEDICAL EXPENSES**

Out-patient room charges, treatment by a Physician or surgeon, x-rays and laboratory examinations, splints, trusses, braces, rental of crutches or appliances, up to three treatments by a physiotherapist.

## **ACCIDENTAL DENTAL REIMBURSEMENT**

Up to \$2,500 for injury to sound teeth

## **GROUND AND AIR AMBULANCE EXPENSE**

Up to \$1,000 for ground ambulance.  
Up to \$5,000 for air ambulance.

## **TRIP INTERRUPTION EXPENSES**

Up to \$1,500 for non-refundable prepaid travel costs.

## **EMERGENCY EVACUATION BENEFIT**

Up to \$50,000 for emergency evacuation.

## **ATTENDANT TRANSPORTATION BENEFIT**

Up to \$5,000 for round-trip airfare if a medical attendant is required during an emergency evacuation.

## **HOTEL CONVALESCENCE EXPENSES**

Up to \$1,000 for hotel accommodation when discharged from hospital and travel is prohibited by the attending physician for at least seven days.

## **RETURN OF VEHICLE EXPENSES**

Up to \$1,000 for return home of an owned or rented automobile.

## **REPATRIATION EXPENSES**

Up to \$3,000 for homeward return of deceased.

*The brochure provides a general description of policy features and benefits only and is subject to all policy terms, conditions, limitations and exclusions. It is recommended that you read the summary before purchase and be aware of these, including the wording pertaining to pre-existing medical conditions and expense pre-approval requirements.*

# G H I P + A P P L I C A T I O N F O R M

Please enroll me and my eligible family members, my payment is attached.  
 \$185.00 plus 8% Ontario Tax if you and your spouse are under age 60 at the Effective Date.  
 \$525.00 plus 8% Ontario Tax if you or your spouse are age 60 but under age 65 at the Effective Date.

PLEASE PRINT

PARTICIPANT: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth (D/M/Y) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Area & Telephone Number \_\_\_\_\_ ( ) \_\_\_\_\_

FAMILY MEMBERS:

APPLICANT: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth (D/M/Y) \_\_\_\_\_

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APPLICANT: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth (D/M/Y) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

PLEASE COMPLETE AND RETURN TO:



FOR BROKER USE: EFFECTIVE DATE (D/M/Y): \_\_\_\_\_ CERTIFICATE# \_\_\_\_\_

You could be asked to pay \$2,000 OR MORE A DAY!

Government Health Insurance Plans no longer provide adequate protection for out-of-province medical bills. Rest assured with worldwide, year-round...

## Affordable Family Travel Insurance Protection!

# G H I P +

Government Health Insurance Plan Plus

## TRAVEL SUPPLEMENT

