

APPLICATION
For Ages 55 and Older

Policy Number _____ - 08 - _____

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 Statement. For Privacy Information, please see www.royalsunalliance.ca, or call 1-800-716-4339.

Legal Surname _____ First Name _____ M/F _____
 Date of Birth Day _____ Month _____ Year _____
 Canadian Address Street _____ City _____ Province _____
 Postal Code _____ Telephone (_____) _____
 Emergency Contact Name _____ Telephone (_____) _____
 Destination Address Street _____ City _____ State _____
 Zip Code _____ Telephone (_____) _____

Please refer to the following definitions while completing your Application.

1. **“BROKER”** means the broker appointed to sell the product.
2. **“DEPARTURE DATE”** means the date on which you leave your province, territory of residence or Canada.
3. **“EFFECTIVE DATE”** means the date on which the coverage under this policy begins, as specified in your confirmation of insurance.
4. **“EXPIRY DATE”** means coverage will terminate at 11:59 p.m. on the expiry date you choose.
5. **“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.
6. **“STABLE”** means any medical condition (other than a minor ailment⁵) 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, oral medication or insulin 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 the dosage is not modified).
 - c. There has been no new symptom, more frequent symptom or more severe symptom;
 - 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 the results of further investigations for that medical condition.
7. **“TERMINAL ILLNESS”** means that you have a medical condition for which a physician has estimated that you have less than six (6) months to live.
8. **“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.

ELIGIBILITY

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

- You **must** be a Canadian resident and you must be covered under the government health insurance plan in your Canadian province or territory of residence for the entire duration of your trip.
- You **must not** be travelling against the advice of a physician or have been diagnosed with a terminal illness⁷.
- You **must not** have a kidney disease requiring dialysis.
- You **must not** have or have ever been diagnosed with AIDS (acquired immune deficiency syndrome) or HIV (Human Immunodeficiency Virus).
- You **must not** have used home oxygen during the **12 months** prior to your departure date².
- This Application **must** be completed and signed by you. You **must not** permit anyone else to complete and/or sign the Application on your behalf.
- If you have any doubt about your medical condition(s) as it relates to the questions asked you **must** consult your medical doctor for advice before completing the Application.
- Your insurance coverage is issued on the basis of the answers you have provided on your Application and receipt of full payment. If any answer is inaccurate, in the event of a claim, your policy will be void and your incurred medical expenses will be your responsibility.
- If your health changes or does not remain stable⁶ between the date you complete and submit the Application and your departure date², you must review the Application with your broker¹ to re-assess your eligibility for this insurance. **If you no longer qualify for the insurance you purchased and you fail to contact your broker¹, your claim will be denied, your policy will be declared null and void, and the premium you paid will be refunded. This means no benefits will be covered and you will be responsible for all expenses related to your accident, injury or sickness, including repatriation costs.** If you are purchasing a Multi-trip Annual Plan and your health changes or does not remain stable⁶ after the date you choose for coverage to begin, your medical condition may not be covered.

Please complete the Medical and Plan Qualification questionnaire on the reverse side before proceeding.

MULTI TRIP ANNUAL PLAN COVERAGE (AVAILABLE UP TO AGE 79)

1. Effective Date³ Day _____ Month _____ Year _____ 2. Plan Options 15 Day ___ 30 Day ___ 60 Day ___
 3. Premium: Platinum ___ Gold ___ Silver ___ Standard ___ \$ _____ . _____

SINGLE TRIP DAILY PLAN COVERAGE (AVAILABLE AT ANY AGE LEVEL)

1. Trip Information Departure Date² D _____ M _____ Y _____ Expiry Date¹ D _____ M _____ Y _____ Total No. of Days _____ (A)
 2. If you are topping up an existing plan, please provide the following information:
 Existing Coverage: Name of Plan _____ Policy/ Cert. No. _____ No. of Days Covered _____ (B)
 3. Number of days to be covered by top up, from D _____ M _____ Y _____ (A minus B) _____ (C)
 4. Premium: Daily Rate for total number of days (A) multiplied by the number of days to be covered (C) \$ _____ . _____
Subtotal (Total of Annual plan and Single Trip premium) \$ _____ . _____

TOTAL PREMIUM CALCULATION

Automatic deductible of \$200 U.S. up to age 84, \$1,000 U.S. over age 84.
 Deductible option: See Rate Sheet - Using the applicable % of subtotal, calculate the increase/decrease
 To age 84: ZERO ___ \$ 500 U.S. ___ \$ 1,000 U.S. ___ \$ 5,000 U.S. ___ \$ 10,000 U.S. ___
 Age 85 and over: ZERO ___ \$ 200 U.S. ___ \$ 500 U.S. ___ \$ 5,000 U.S. ___ \$ 10,000 U.S. ___ \$ _____ . _____
 Special discount (if applicable) (A surcharge of \$25.00 applies if you are topping up another carriers coverage). \$ _____ . _____
Total Premium (minimum premium \$35.00) \$ _____ . _____

If applying for the buy down option, from Platinum to Gold, please indicate:

Broker Name (Please Print) _____

TravelPro Emergency Excess/Hospital Medical Travel Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada and is administered by Expert Travel Financial Security (E.T.F.S.) Inc.

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Offered through 

MEDICAL QUALIFICATIONS

You **must** answer **NO** to each of the following seven (7) Medical Qualification questions to qualify for this insurance. The answers you provide will, in the event of a claim, be reviewed for accuracy by Global Excel Management Inc. If they are inaccurate in any way, your claim will be refused and your Policy will be void.

1. Have you **ever** been diagnosed with or treated⁸ for congestive heart failure or are you **currently** taking Lasix or furosemide? YES NO
2. During the **10 years** prior to your departure date² have you been diagnosed with or treated⁸ for water on your lungs or ankle/leg swelling for which you have taken Lasix, furosemide or a water pill? (excluding a water pill taken for hypertension/high blood pressure.) YES NO
3. Have you **ever** had an organ transplant (excluding corneal transplant)? YES NO
4. Have you had a heart bypass surgery and/or an angioplasty prior to **September 1, 1998**? (Use the date of the most recent bypass and/or angioplasty) YES NO
5. During the 5 year period prior to your departure date², have you been prescribed or taken 5 or more medications (including Aspirin and/or Entrophen) for any single medical condition or any combination of the following medical conditions? Heart condition (including a pacemaker): Lung condition (including any prescription for puffers/inhalers) (excluding a minor ailment⁵): Stroke (CVA) mini stroke (TIA): Diabetes (treated⁸ with oral medication or insulin): Hypertension/high blood pressure YES NO
6. During the 5 years prior your departure date², have you been diagnosed with or treated⁸ for any heart condition, lung condition, stroke (CVA)/mini stroke (TIA) AND: hypertension/high blood pressure or smoked cigarettes? YES NO
7. During the **12 months** prior to your departure date², have you:
 - been diagnosed with or been hospitalized for a new heart condition, or had an existing heart condition which required hospitalization or a change in medication (refer to the stable definition 6b)?
 - had a lung condition (including pneumonia) which required hospitalization or treatment with prednisone (Deltasone or other generic drugs)?
 - had a diagnosis of, or been treated⁸ for a total of 3 or more of the following medical conditions: heart condition (including a pacemaker), lung condition (including any prescription for puffers/inhalers) (excluding a minor ailment⁵), high blood pressure/hypertension, diabetes (excluding diet controlled diabetes), stroke (CVA)/mini-stroke (TIA), peripheral vascular disease (blocked or clogged arteries in the legs or neck) or dementia/Alzheimer's disease? YES NO

If you answered **YES TO ANY** of the Medical Qualification questions, you are **NOT ELIGIBLE** to purchase this insurance. Please contact your broker¹ to discuss your options.
 If you answered **NO TO ALL** the Medical Qualification questions, you **ARE ELIGIBLE** to purchase this insurance. Please continue to the Plan Qualification questions.

PLAN QUALIFICATIONS

You **must** answer all Plan Qualification questions.

QUESTION 1

Have you **ever** had a heart condition (including a pacemaker), a lung condition (including any prescription for puffers /inhalers), excluding a minor ailment⁵, a stroke(CVA)/mini-stroke (TIA), **OR** in the **5 years** prior to your departure date², have you smoked cigarettes, **OR** has it been longer than **24 months** since your last routine medical check-up with a physician? YES NO

QUESTION 2

In the **5 years** prior to your departure date², have you been diagnosed with or treated⁸ for, any of the following medical conditions:

- chronic bowel disease (such as but not limited to: Crohn's disease, ulcerative colitis)
- gall bladder or kidney disease (including stones).
If your gall bladder has been removed answer No,
- cancer (excluding basal or squamous cell skin cancer or breast cancer treated⁸ only with tamoxifen)
- bowel obstruction or bowel surgery
- pancreatitis
- liver disease
- aneurysm
- gastrointestinal bleeding

AND/OR

during the **12 months** prior to your departure date² have you been diagnosed with or treated⁸ for hypertension/high blood pressure? YES NO

QUESTION 3

In the **5 years** prior to your departure date², have you been diagnosed with or treated⁸ for any of the following medical conditions:

- heart condition (including a pacemaker)
- any lung condition (including any prescriptions for puffers/inhalers) Excluding a minor ailment⁵
- dementia/Alzheimer's disease
- stroke (CVA)/mini-stroke (TIA) or
- peripheral vascular disease (blocked or clogged arteries in the leg or neck)
- diabetes treated⁸ with oral medication and/or insulin

AND/OR

during the **12 months** prior to your departure date², have you been diagnosed with or treated⁸ for cancer (excluding basal or squamous cell skin cancer or breast cancer treated only with Tamoxifen)? YES NO

You must initial the box beside the Plan for which you have qualified. (Please note: Pre-existing condition coverages on this Application are guidelines, please read your policy for total benefit coverage and exclusions.)

If you answered **No** to all questions, you qualify for the **Platinum Plan** which **does not cover losses or expenses** caused directly or indirectly, in whole or in part, by any sickness, injury or medical condition (other than a minor ailment⁵) for which 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 during the 3 months prior to the departure date².

If you answered **Yes** to **question 1** and **No** to **questions 2 and 3**, you qualify for the **Gold Plan** which does not cover losses or expenses caused directly or indirectly, in whole or in part, by your medical condition, including your heart condition, if at any time in the 3 months prior to each departure date² your medical condition, including any heart condition you had, has not been stable⁶. The Gold rates do not cover losses or expenses caused directly or indirectly, in whole or in part, by your lung condition if at any time in the 3 month period prior to each departure date²: (a) Any lung condition you had, has not been stable⁶: or (b) you have been treated⁸ with home oxygen or taken oral steroids (e.g., Prednisone) for any lung condition.

If you answered **Yes** to **question 2** and **No** to **question 3**, you qualify for the **Silver Plan** which does not cover losses or expenses caused directly or indirectly, in whole or in part, by your medical condition, including your heart condition, if at any time in the 3 months prior to each departure date² your medical condition, including any heart condition you had, has not been stable⁶. The Silver rates do not cover losses or expenses caused directly or indirectly, in whole or in part, by your lung condition if at any time in the 12 months prior to each departure date²: (a) Any lung condition you had, has not been stable⁶: or (b) you have been treated⁸ with home oxygen or taken oral steroids (e.g., rednisone) for any lung condition.

If you answered **Yes** to **question 3**, you qualify for the **Standard Plan** which does not cover losses or expenses caused directly or indirectly, in whole or in part, by your medical condition, including your heart condition, if at any time in the 12 months prior to each departure date² (3 months for hypertension/high blood pressure and 6 months for cancer) your medical condition, including any heart condition you had, has not been stable⁶. The Standard rates do not cover losses or expenses caused directly or indirectly, in whole or in part, by your lung condition if at any time in the 12 months prior to each departure date²: (a) Any lung condition you had, has not been stable⁶: or (b) you have been treated⁸ with home oxygen or taken oral steroids (e.g., rednisone) for any lung condition.

AGREEMENT, UNDERSTANDING AND AUTHORIZATION

You must read and understand the importance each of the following statements and sign below:

A PRE-EXISTING MEDICAL CONDITION EXCLUSION may apply to medical conditions and/or symptoms that existed prior to my trip. I understand that any medical condition I have, including those disclosed in the Plan Qualifications, will be subject to the pre-existing medical condition exclusion of the plan I qualify for. I will refer to Section VII of my policy and to this Application for the full pre-existing medical condition exclusion clause.

I personally provided the answers on this Application and all information disclosed is true and accurate. The Insurer will, in the event of any sickness or injury, review my prior medical history to review my answers. I fully understand that if any of my answers are inaccurate, in the event of a claim, the Insurer will void my policy and my claim will be refused. I understand that the answers on my Application are relevant to the risk and constitute the basis of my insurance Application. Where I was unsure of my medical history as it relates to my Application, I have verified it with my physician.

I understand the necessity of calling Global Excel Management Inc. and obtaining prior approval before seeking medical attention in case of a claim or medical emergency. The toll free telephone number can be found on my wallet card and in my insurance policy. Medical Authorization in Case of a Claim – I understand that Royal & Sun Alliance Insurance Company of Canada and Global Excel Management Inc. may investigate my claim. By signing this Application, I also hereby direct and authorize any physician, health care practitioner, hospital or other medical care facility, pharmacy, the Ministry of Health or any other person who has attended and examined me or who has knowledge or records of me or my health, to furnish to Royal & Sun Alliance Insurance Company of Canada and to Global Excel Management Inc. any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.

Signature of Applicant: _____ Date of Signature: Day _____ Month _____ Year _____