



# A La Carte Travel Insurance

Personalized Travel Insurance — Only pay for the medical conditions that you have!

## 2019-2020 Brochure

Maritime Travel

We Know Travel Best.™

[www.maritimetravel.ca](http://www.maritimetravel.ca)

### Features of the A La Carte plan

1 Month Stability Option  
if you had a recent medication  
change (see Option Worksheet)

Annual Multi-Trip plans  
up to 62 days per trip  
are available for most ages

No Top-up Fee

Up to \$2,000,000 of Coverage

Retiree Plan Top-up Coverage  
Available for NO Extra Charge  
(see note on page 3 of the Application)

Direct Payment to Most Hospitals

Excellent Refund Policy

NO-CLAIM

Deductible Reductions  
(see box on this page)

Annual Multi-Trip plans  
include coverage for trips  
in Canada (outside your province)

One Simple Rate Table

Available up to Age 94

We accept cancellations and  
early return refund requests  
via telephone, mail, email or fax

Worldwide Emergency  
Medical Assistance  
24 hours a day/7 days a week



### Deductible Reductions

If you were insured last season under any of the A La Carte or, TravelHealth Medical Plan products and did not report a claim, your **US\$350** standard deductible will be to **reduced** to **US\$300** when purchasing A La Carte Travel Insurance this season. Also, if you did not report a claim in the last 2 consecutive seasons, your deductible will be **reduced** to **US\$250**; if you did not report a claim in the last 3 consecutive seasons, your deductible will be **reduced** to **US\$200** or if you did not report a claim in the last 4 consecutive seasons, your deductible will be **reduced** to **US\$150**.

**Also**, if you have a deductible of a **US\$75** or more, you can get a **US\$50** reduction in that deductible if you visit a stand-alone clinic or doctor's office instead of a hospital or any emergency room.

**For further deductible information and options, please see page 2 of the A La Carte Application for Insurance.**

### Reviewing and purchasing the A La Carte plan is easy and convenient!

We can send you the A La Carte Travel Insurance application, brochure and policy by **mail, fax** or **email**.

They can also be viewed and downloaded directly from our website  
[www.maritimetravel.ca](http://www.maritimetravel.ca)

**ALERT...** Certain provinces and territories are discussing the elimination of reimbursement from the Government Health Insurance Plan (GHIP) for Out-of-Canada claims. Ontario has already announced this change. Other provinces and territories will likely follow. See the enclosed **Note from Maritime Travel**.

### The **ADD-ON BUNDLE** includes the following benefits in your policy:

**Medical Follow-Up Visit:** If your Medical Emergency is over and your illness or symptoms persist, we will pay up to \$500 for ONE follow-up visit to a physician up to 14 days after your Medical Emergency is over (includes prescriptions).

**Protect Your No-Claim Deductible Reduction:** If you have a claim during your period of coverage under this ADD-ON BUNDLE, the claim will not be counted in calculating the No-Claim Deductible Reduction when purchasing this insurance from Maritime Travel next season. The value of your No-Claim Deductible Reduction will remain the same as this season.

**The following Benefits will have their dollar limit increased by 15%:** (i) Removal of a Cast or Stitches after an Emergency, (ii) Subsistence Allowance, (iii) Emergency Paramedical/ Professional Services and (iv) Vehicle Return (including 2 drivers' one way flights).

**The value of these optional benefits is up to \$2,000.**

Include the ADD-ON BUNDLE for \$45 per person — see V. ADD-ON BUNDLE on the Option Worksheet.

**Questions? Call: 1.833.767.1732 or fax 1.902.425.0550 or email [insurance@maritimetravel.ca](mailto:insurance@maritimetravel.ca)**

# A La Carte Travel Insurance

Distributed by Maritime Travel

## How to Calculate the Premium Rate for each Applicant

1. Complete page 2 of the Application for Insurance by following **steps 1 and 2** on page 4. Add up the total score and copy it to line **4 FACTOR** in Section 3 – Premium Calculation on page 3 of the Application for Insurance.
2. Calculate your age at the Departure Date from Canada.
3. For Single Trips, using the correct age range in the Base Premium Rate Table, follow down the column until you come to the Day Band for the number of Days you require coverage.
4. Choose the base premium rate based on your age and the number of days you require coverage for.
5. Enter this rate in line **2** of Section 3 – Premium Calculation on page 3 of the Application for Insurance.
6. If you want to buy our Annual Multi-Trip Plan, check the box indicating the number of days you wish to purchase. Put the corresponding premium from the Annual Multi-Trip Plan Base Premium Rate Table in line **1** of Section 3 – Premium Calculation, on page 3 of the Application for Insurance.
7. Add the amounts from lines **1** and **2** and enter the result in line **3 SUBTOTAL** of Section 3 – Premium Calculation, on page 3 of the Application for Insurance. For each Applicant's premium, multiply line **3** x line **4** and enter the result in line **5**.
8. If an Applicant is choosing the ADD-ON BUNDLE, they must add \$45 to the premium in line **5** and enter the result in line **6**.

**Each applicant must read, sign and date the Application for Insurance at the bottom of page 3.**

**Mail us the completed application including full payment (cheque or credit card). You can also fax to 1-902.425.0550.**

## Refunds

1. Contact Maritime Travel at **1.833.767.1732**.
2. If you return early from your trip, you may qualify for a refund if you have not had a claim. Early return refunds will be calculated based on the premium paid, the date you enter Canada and the Day Bands as per the Rate Tables. If the total trip length still falls within the same day band, there is no refund. Refunds are subject to a fee of \$15 per person.
3. Annual Multi-Trip Plan premiums and premiums for any extension(s) are not refundable.

## Extension of Coverage

If you choose to extend your trip beyond the A La Carte Travel Insurance policy expiry date, you must contact Maritime Travel at 1.833.767.1732 at least ten (10) days prior to the policy expiry date and pay any required additional premium. You must remain eligible for coverage under all sections of the A La Carte Travel Insurance policy and a claim must not have been reported, incurred or paid.

Any new medical conditions present on the date you apply for an extension of coverage will not be covered under the extension.

We calculate extension premiums by using the current Base Premium Rate Tables for the total trip length less the premium you have paid and multiplied by your Score. There will be a \$10 per person risk premium added to this result. A minimum premium of \$20 per person applies to each extension. Please see the A La Carte Travel Insurance policy for Extension details.

**NOTE:** Any words that are italicized and underlined refer to defined terms. **Definitions** for these terms are found on **page 4** of the Application for Insurance.

# Base Premium Rate Tables 2019–2020

THE MINIMUM PREMIUM IS \$20 PER PERSON.

## SINGLE TRIP PLAN

DAY BANDS	AGE								
	1-55	56-60	61-65	66-70	71-75	76-79	80-84	85-89	90-94
1 to 2	\$ 24	\$ 27	\$ 28	\$ 44	\$ 51	\$ 81	\$ 129	\$ 177	\$ 195
3 to 5	28	34	35	54	65	100	162	222	244
6 to 10	37	45	46	72	87	134	217	295	326
11 to 15	46	57	64	100	122	188	302	417	464
16 to 20	64	70	86	134	165	250	406	560	629
21 to 25	79	84	106	161	201	310	509	695	779
26 to 30	97	104	126	195	239	377	610	840	938
31 to 35	109	121	147	225	282	437	717	983	1,100
36 to 40	132	144	166	261	319	501	822	1,134	1,264
41 to 45	145	160	193	295	362	566	927	1,283	1,432
46 to 50	165	175	207	324	397	629	1,037	1,436	1,597
51 to 55	175	201	232	361	443	691	1,149	1,584	1,767
56 to 60	194	213	251	387	482	759	1,254	1,737	1,937
61 to 65	212	234	272	425	502	820	1,368	1,891	2,113
66 to 70	231	251	298	458	543	889	1,477	2,049	2,286
71 to 75	247	270	317	492	581	950	1,591	2,204	2,457
76 to 80	270	290	340	531	620	1,014	1,704	2,369	2,637
81 to 85	285	312	373	566	664	1,091	1,822	2,525	2,815
86 to 90	306	327	400	600	703	1,158	1,937	2,690	2,996
91 to 95	319	348	434	631	780	1,227	1,974	2,853	3,177
96 to 100	342	372	455	666	828	1,294	2,083	3,017	3,364
101 to 105	361	396	479	700	873	1,360	2,200	3,187	3,551
106 to 110	392	422	503	740	915	1,425	2,313	3,352	3,737
111 to 115	408	450	538	770	935	1,495	2,432	3,523	3,926
116 to 120	423	476	574	810	975	1,559	2,547	3,691	4,118
121 to 125	443	500	617	845	1,041	1,712	2,734	3,969	4,423
126 to 130	463	524	653	881	1,096	1,785	2,859	4,150	4,625
131 to 135	483	551	695	918	1,145	1,857	2,980	4,329	4,827
136 to 140	497	570	737	957	1,187	1,929	3,106	4,511	5,028
141 to 145	516	593	767	991	1,230	2,000	3,227	4,696	5,234
146 to 150	532	620	796	1,025	1,271	2,073	3,352	4,877	5,439
151 to 155	555	641	828	1,064	1,383	2,147	3,482	5,065	5,645
156 to 160	567	663	858	1,101	1,434	2,218	3,608	5,255	5,858
161 to 165	586	688	886	1,141	1,477	2,273	3,733	5,443	6,068
166 to 170	603	706	916	1,171	1,560	2,320	3,918	5,709	6,362
171 to 175	622	736	945	1,209	1,649	2,369	3,988	5,796	6,586
176 to 183	649	774	995	1,271	1,705	2,458	4,047	5,833	6,914
184 +	For trips of other durations, please call for rates								

Annual Multi-Trip Plan – Coverage outside Canada and outside your Province of residence.

	AGE: 1-55	56-60	61-65	66-70	71-75	76-79	80-84	85-89	90-94
8 Day Plan	\$ 87	\$ 91	\$ 97	\$ 132	\$ 164	\$ 299	\$ 437	N/A	N/A
16 Day Plan	104	108	119	150	185	349	N/A	N/A	N/A
32 Day Plan	190	209	222	284	345	677	N/A	N/A	N/A
62 Day Plan	410	449	475	608	746	N/A	N/A	N/A	N/A

**PREMIUMS CAN BE CHANGED AT ANY TIME WITHOUT NOTICE UNLESS YOU HAVE PAID THE FULL PREMIUM IN ADVANCE.**

Write your policy number here for your records: **ALC**

**IMPORTANT:** These documents are not your A La Carte Travel Insurance policy. An A La Carte Travel Insurance policy, tax receipt and wallet cards will be sent to you once your completed application is received by the insurer.

**A La Carte Travel Insurance covers 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 A La Carte Travel Insurance policy.**

**Questions? Call: 1.833.767.1732 or fax 1.902.425.0550 or email [insurance@maritimetravel.ca](mailto:insurance@maritimetravel.ca)**



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Underwritten by: Industrial Alliance Insurance and Financial Services

PAGE 1

Policy # **ALC**

## APPLICANT 1

Names must be the same as on your health card.

## APPLICANT INFORMATION

## APPLICANT 2

Names must be the same as on your health card.

Last name		Last name	
First name	Middle name	First name	Middle name
<b>Applicants' address in Canada</b>			
Street		City	Province
Postal Code		Postal Code	
Date of Birth	Government Health Plan # & version code	Date of Birth	Government Health Plan # & version code
dd mm yy		dd mm yy	
Phone/Cell #	E-mail address (if any)	Phone/Cell #	E-mail address (if any)
Family Doctor		Family Doctor	
Name	Phone	Name	Phone

To help you complete this Application for Insurance, see the instructions on page 4.

OUT-OF-COUNTRY ADDRESS (if unknown, give city/state)

Street

City State Zip Code

Phone

**EMERGENCY CONTACT IN CANADA (relative or friend)**

Name Phone

## Section 1 – ELIGIBILITY REQUIREMENTS

QUESTIONS? CALL **1-833-767-1732**

You must meet the Eligibility Requirements below any time you depart Canada on a Single Trip Plan or depart your province or territory of residence on an Annual Multi-Trip Plan to be eligible for coverage under this policy.

You are eligible for coverage if:

- In the past 6 months you have not:
  - been hospitalized for 24 or more consecutive hours for any of the following:
    - a Cerebral Vascular Accident (CVA, stroke) or Transient Ischemic Attack (TIA, mini-stroke);
    - a heart condition;
    - blood clot(s); or
    - a lung condition;
  - received treatment for metastatic cancer;
  - been diagnosed with **or** received treatment for **or** taken medication for a terminal illness;
  - had or used home oxygen (including an oxygen concentrator) for a lung condition; or
  - required dialysis.
- You have not:
  - had your most recent coronary artery by-pass, coronary angioplasty or stent insertion more than 20 years ago;
  - had a coronary angioplasty or stent insertion in the past 6 months;
  - had any aneurysm that has not been surgically repaired;
  - in the past 5 years, received treatment for or taken medication for Congestive Heart Failure (CHF);
  - 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;
  - been advised by any physician that travelling on your trip would be medically unsafe or that you should not travel on your trip; or
  - had a diagnosis of Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's disease).

**Acceptance Statement:** You are eligible for coverage under the A La Carte Travel Insurance policy if you meet all the requirements above on the **departure date** of any trip.

## Section 2 – BASIC EMERGENCY MEDICAL COVERAGE INCLUDES

**2019-2020 Season**

<u>EMERGENCY</u> MEDICAL SERVICES.....Maximum Limit chosen	Child Return under your care.....Eligible Expenses
<u>Emergency</u> Paramedical/Professional Services.....\$250 per practitioner	Vehicle Return.....\$2,500
<u>Emergency</u> Ambulance Transportation.....Eligible Expenses	<u>Emergency</u> Evacuation & Repatriation.....Eligible Expenses
<u>Emergency</u> Dental Due to Accidental Blow to the Mouth.....\$2,000	Major Event Return Home.....\$3,000
<u>Emergency</u> Relief of Dental Pain.....\$300	Subsistence Allowance.....\$1,500 per person
Removal of a Cast or Stitches after an <u>Emergency</u> .....\$300	Expenses Related to your Death.....\$5,000 per person
<b>NOTE:</b> If you choose <b>not</b> to upgrade the Basic <u>Emergency</u> Medical Coverage, you will have an overall maximum coverage limit of \$1,000,000 for all benefits.	Bedside Companion Travel.....Eligible Expenses
	24 Hour Worldwide <u>Emergency</u> Medical Assistance

NOTE: All premiums, benefits, and maximum amounts payable are quoted in Canadian dollars unless otherwise specified. All deductibles are in US dollars (US\$) and apply to each claim occurrence.

**A La Carte OPTION WORKSHEET 2019 – 2020 Season**

Questions? Call: 1.833.767.1732

Fax: 1.902.425.0550 Email: insurance@maritimetravel.ca

**IMPORTANT: Each applicant must meet all the eligibility requirements contained in Section 1 - Eligibility Requirements on page 1 of this Application for Insurance.** If you do not meet these Eligibility Requirements or your health changes on or prior to the departure date of any trip which makes you no longer eligible for this insurance, please call Maritime Travel.

**NOTE:** Any words that are italicized and underlined refer to defined terms. **Definitions** for these terms are found on **page 4** of this Application for Insurance.

If **FAXING** this application, enter your **policy number** in the box to the right:

**ALC**

<b>APPLICANT 1 Score</b>	<b>APPLICANT 2 Score</b>
<b>First Name:</b>	<b>First Name:</b>

**This worksheet must be completed by each applicant.**

**For the completion of I. & II., if you are unsure of your medical history or conditions, check with your doctor.**

If your answer is "YES" to any of the questions in **Sections I. (A. – G.)** or you select option(s) in **II, III, and IV.**, you must **CHECK that box** and **ADD the point value** of the question to your Score.

**I. UNDERWRITING QUESTIONS (this section must be completed by each applicant)**

Use your date of application when completing these questions. If any of your answers change prior to your departure date, you must contact Maritime Travel to adjust your Score and Premium.

<b>A. In the 5 years prior to your departure date, have you received <u>treatment</u> for, taken <u>medication</u> for or had a diagnosis of:</b>		
1) a <u>heart condition</u> ?	<input type="checkbox"/> + 95	<input type="checkbox"/> + 95
2) a Cerebral Vascular Accident (CVA, stroke)?	<input type="checkbox"/> + 60	<input type="checkbox"/> + 60
3) Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis)?	<input type="checkbox"/> + 75	<input type="checkbox"/> + 75
4) carotid artery stenosis of 50% or more [narrowing, blockage or clogging of any blood vessel(s) in the neck]?	<input type="checkbox"/> + 75	<input type="checkbox"/> + 75
<b>B. In the 12 months prior to your departure date, have you received <u>treatment</u> for, taken <u>medication</u> for or had a diagnosis of:</b>		
1) Transient Ischemic Attack (TIA, mini-stroke)?	<input type="checkbox"/> + 35	<input type="checkbox"/> + 35
2) diabetes requiring oral <u>medication</u> ?	<input type="checkbox"/> + 30	<input type="checkbox"/> + 30
3) diabetes requiring insulin (or any other injectable <u>medication</u> required to control diabetes)?	<input type="checkbox"/> + 70	<input type="checkbox"/> + 70
4) leukemia, cancer requiring surgery (includes a positive biopsy), chemotherapy, radiation and/or laser therapy (excludes basal cell carcinoma, hormone replacement therapy (such as Tamoxifen), removal of skin lesions or squamous cell carcinoma)?	<input type="checkbox"/> + 45	<input type="checkbox"/> + 45
5) dementia (includes Alzheimer's disease)?	<input type="checkbox"/> + 50	<input type="checkbox"/> + 50
6) a <u>bowel condition</u> or gastrointestinal bleed?	<input type="checkbox"/> + 30	<input type="checkbox"/> + 30
7) a <u>lung condition</u> ?	<input type="checkbox"/> + 35	<input type="checkbox"/> + 35
8) 2 or more episodes of a Urinary Tract Infection (UTI)?	<input type="checkbox"/> + 25	<input type="checkbox"/> + 25
9) Stage IV Kidney (renal) Failure?	<input type="checkbox"/> + 50	<input type="checkbox"/> + 50
10) kidney stone(s) [unless the stone(s) are no longer present]?	<input type="checkbox"/> + 20	<input type="checkbox"/> + 20
11) gallstone(s) [unless the gallstone(s) have been removed], or pancreatitis?	<input type="checkbox"/> + 20	<input type="checkbox"/> + 20
12) Parkinson's Disease, Muscular Dystrophy, Cerebral Palsy, Myasthenia Gravis or Multiple Sclerosis?	<input type="checkbox"/> + 75	<input type="checkbox"/> + 75
13) a <u>liver condition</u> ?	<input type="checkbox"/> + 20	<input type="checkbox"/> + 20
14) blood clot(s) (do not count the use of a blood thinner for up to 60 days for preventative purposes following hip or knee replacement surgery)?	<input type="checkbox"/> + 50	<input type="checkbox"/> + 50
<b>C. In the 12 months prior to your departure date, have you been prescribed or taken:</b>		
1) 3 or more <u>medications</u> that modify your blood pressure?	<input type="checkbox"/> + 35	<input type="checkbox"/> + 35
2) Prednisone (includes equivalent steroid <u>medication</u> ) in pill form for a <u>lung condition</u> for more than 21 consecutive days?	<input type="checkbox"/> + 45	<input type="checkbox"/> + 45
3) Lasix (Novo-Semide/Furosemide) for any reason for more than 21 consecutive days?	<input type="checkbox"/> + 45	<input type="checkbox"/> + 45
<b>D. Have you had your most recent coronary artery by-pass, coronary angioplasty or stent insertion over 15 years and up to 20 years ago?</b>	<input type="checkbox"/> + 75	<input type="checkbox"/> + 75
<b>E. Have you, 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 any of the activities of daily living (bathing, eating, using a toilet, taking <u>medication</u> or getting into or out of a chair or bed)?</b>	<input type="checkbox"/> + 90	<input type="checkbox"/> + 90
<b>F. At any time in the 24 months prior to your departure date, have you used <b>any tobacco or cannabis products</b> (excluding any e-cigarettes, medical marijuana or stop smoking aids)?</b>	<input type="checkbox"/> + 15	<input type="checkbox"/> + 15
<b>G. Was your last <u>complete medical examination</u> more than 24 months prior to your departure date?</b>	<input type="checkbox"/> + 30	<input type="checkbox"/> + 30

**II. BUY DOWN YOUR PRE-EXISTING CONDITION STABILITY PERIOD** You qualify for a pre-existing condition stability period of **3 months** prior to any departure date unless you have answered YES to any of the questions in Section I., parts **A, B, C, D or E**, in which case, your pre-existing condition stability period will be the **6 months** prior to any departure date.

- ◆ Reduce your pre-existing condition stability period from **6 months** to **3 months** prior to any departure date.  + 30  + 30
- ◆ 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.  + 35  + 35

**III. CHANGE YOUR DEDUCTIBLE** All deductible amounts are in U.S. dollars (US\$) ◆ For \$0 deductible

- ◆ Choose a higher deductible for a reduction to your premium by circling your choice and indicating the point value shown beside your chosen deductible to subtract at the right: **US\$500 – 5 US\$1,000 – 15 US\$5,000 – 25 US\$10,000 – 30** ▶  + 10  + 10
- \_\_\_  – \_\_\_

**IV. UPGRADE YOUR BASIC COVERAGE FROM THE \$1,000,000 MAXIMUM to \$2,000,000.** Increased limits apply to EMERGENCY MEDICAL SERVICES under **Section 2** on page 1  + 5  + 5

**V. ADD-ON BUNDLE:** If an Applicant wishes to purchase these benefits, check the box at the right and complete line **6** on page 3 of this Application for Insurance.  Add \$45 on page 3  Add \$45 on page 3

**BASIC COVERAGE of \$1,000,000 maximum: each applicant must add the 100 Points to their Score. ▶**  + 100  + 100

**Add up the total(s) of points for your choices and enter it in the score box(es) to the right.**  
Your total(s) **MUST** include the 100 points for basic coverage.

<b>Applicant 1 Score</b>	<b>Applicant 2 Score</b>
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**2019–2020 Season**

<b>Name of Applicant 1 (print)</b>	<b>Section 3 - Premium Calculation</b>	<b>Name of Applicant 2 (print)</b>
------------------------------------	--	------------------------------------

dd mm yy	<b>Departure Date from Canada</b> (The day you leave Canada)	dd mm yy
dd mm yy	<b>Date Coverage Begins</b> (Policy Effective Date) (If "topping-up", this is the day after your other coverage ends)	dd mm yy
dd mm yy	<b>Date Coverage Ends</b> (Policy Expiry Date) (Must be before <b>September 30, 2020</b> for single trips)	dd mm yy
Coverage Days	<b>Total Number of Single Trip Plan Days Required</b> (Count both the Date Coverage Begins and the Date Coverage Ends)	Coverage Days
8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 32 Day <input type="checkbox"/> 62 Day <input type="checkbox"/> <b>Annual Multi-Trip Plan Selected</b> (check one if applicable)                 8 Day <input type="checkbox"/> 16 Day <input type="checkbox"/> 32 Day <input type="checkbox"/> 62 Day <input type="checkbox"/>		
dd mm yy	<b>Annual Multi-Trip Plan Effective Date</b> (Must be before <b>July 31, 2020</b> ) <b>NOTE:</b> The Annual Multi-Trip Plan cannot be used to top-up another plan	dd mm yy
<b>1</b> \$	<b>Annual Multi-Trip Plan Premium</b> Use rate from Annual Multi-Trip Base Premium Rate Table	<b>1</b> \$
<b>2</b> \$	<b>Single Trip Plan rate from the Base Premium Rate Table</b>	<b>2</b> \$
<b>3</b> \$	<b>SUBTOTAL:</b> Add the amounts from lines <b>1 + 2</b>	<b>3</b> \$
<b>4</b>	<b>FACTOR: SCORE</b> (shown at the bottom of page 2) ÷ 100	<b>4</b>
<b>5</b> \$	<b>APPLICANT TOTAL: SUBTOTAL 3 x FACTOR 4</b>	<b>5</b> \$
<b>6</b> \$	<b>Each Applicant selecting the ADD-ON BUNDLE must add \$45</b> to their total in line <b>5</b> and enter the result in line <b>6</b>	<b>6</b> \$

**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 A La Carte Travel Insurance policy for NO EXTRA CHARGE if you purchase at least 35 days of additional coverage under this policy.

**GRAND TOTAL DUE**

**Applicant 1 + Applicant 2 = \$**  

**Payment** Cheque   
**Make cheques payable to:**  
**Maritime Travel**

**Credit Card Details:** Visa  MasterCard   
 Card # \_\_\_\_\_  
 3 Digit Code \_\_\_\_\_ Expiry Date Month \_\_\_\_\_ Year \_\_\_\_\_

**Section 4 - Declaration and Authorization**

I am applying for A La Carte Travel Insurance (ALC), underwritten by Industrial Alliance Insurance and Financial Services Inc. (IA) 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 in Section 1, and my answers to I. Underwriting Questions on the Option Worksheet 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 provided on this application is true and complete. I understand that if any material information necessary to complete this application is not disclosed, IA 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 ALC 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 IA prior to the completion of this application. If I am responsible for the payment of any deductible or found to be not eligible for this insurance under any section of the Application for Insurance or the policy, IA 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 (including any electronic signature) and dated copy of this application has been received by Maritime Travel. 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 ALC policy will apply and that only medical emergencies will be covered under this insurance. IA 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 an ALC 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 ALC policy. This will remain valid as long as there is a claim or dispute reported to IA. 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.

Should I have a claim, I authorize any physician, hospital, pharmacy or other medical provider who has attended or examined me to release to and exchange with the Emergency Assistance Company 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 any 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. In the event that all required documents are not provided to the Emergency Assistance Company within 6 months following the date of loss, I understand that my claim file will be closed.

If this Declaration and Authorization is revoked, then no claim will be considered until after the Declaration and Authorization is reinstated.

**I understand that any change in my health status or medication between the date I complete this application and the departure date of any trip which makes me no longer eligible (as per Section 1 - Eligibility Requirements on page 1) for this policy, or which would result in a change to my answer(s) to I. Underwriting Questions on page 2 of the Option Worksheet, or would change the stability status of a pre-existing condition (other than a minor ailment), constitutes a material change to my policy and I must notify Maritime Travel immediately.**

**I understand that if I do not immediately contact Maritime Travel regarding a material change in my health status or medication, any claim may be denied and my policy coverage may be voided.**

<b>APPLICANT 1</b> Date: dd mm yy	<b>APPLICANT 2</b> Date: dd mm yy
Applicant 1 Signature	Applicant 2 Signature

**IMPORTANT NOTE: Each applicant must read, sign and date the Declaration and Authorization above.**

**5 steps to complete your A La Carte Application for Insurance****2019 – 2020 Season****NOTE: All premiums, benefits, and limits are quoted in Canadian currency unless otherwise specified**

**1 You must meet all the requirements as stated in Section 1 – Eligibility Requirements of this Application for Insurance (see page 1) in order to continue with the Option Worksheet. If you are unsure of your medical history or conditions, contact your doctor.**

**2 Complete the Option Worksheet on page 2 of this application ONLY IF YOU ARE ELIGIBLE.**

Each section on the Option Worksheet from **I** to **IV** has check off boxes that are assigned a specific number of points. Simply check off the boxes that apply to you, add the corresponding point value to your score and after completion, add up the score points and put your total (including the 100 points for the basic coverage) in the score box at the bottom of the Option Worksheet for each applicant.

**Underwriting Questions (Each applicant must complete this section)** For full details, see **I** on page 2.

These questions must be answered to further assess your lifestyle and medical history. **If you are unsure of your medical history or conditions, contact your doctor.**

**Buy down your Pre-existing Condition Stability Period** — For full details, see **II** on page 2.

You qualify for a *pre-existing condition stability* period of **3 months** prior to any departure date unless you have answered YES to any of the questions in Section **I**, parts A, B, C, D or E, in which case, your *pre-existing condition stability* period will be the **6 months** prior to any departure date.

Reduce your *pre-existing condition stability* period from **6 months** to **3 months** prior to any departure date. (add 30 points)

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. (add 35 points)

**Deductible Options** — For full details, see **III** on page 2.

The A La Carte Travel Insurance policy has a **US\$350** standard deductible per claim. This deductible will be reduced by **US\$50** for each consecutive prior season that you did not have a claim to a maximum of **US\$200** total reduction. If your resulting deductible is **US\$75** or more, than you can get a further **US\$50** reduction on your deductible if you visit a stand-alone clinic or doctor's office instead of a hospital or any *emergency* room—see *first page of the Brochure about further Deductible Reductions*. Add 10 points to have **\$0** deductible.

**Upgrade your basic coverage from the \$1,000,000 maximum** — For full details, see **IV** on page 2.

You can upgrade your coverage to a maximum limit of \$2,000,000 (add 5 points).

**Basic Emergency Medical Coverage**—For full details, see **Section 2** on page 1.

Basic *Emergency* Medical Coverage provides essential travel insurance benefits as a result of a medical *Emergency* while you are away from Canada. The maximum payable, unless you upgrade your coverage, is \$1,000,000. The Basic *Emergency* Medical Coverage is not an option, it is the minimum you must take for an A La Carte Travel Insurance policy. These basic coverages are also included in the Annual Multi-Trip Plans (8 Day, 16 Day, 32 Day, and 62 Day options).

**ADD-ON BUNDLE** — See **V** on page 2. Each Applicant selecting these benefits must follow the instructions in line **6** in **Section 3** on page 3.

**3 Calculate your Premium on page 3 of this application**

Follow the instructions on the back of the 2019-2020 Brochure carefully in order to calculate each applicant's premium and don't forget to fill in your important trip and coverage dates in Section 3, page 3 of this Application for Insurance.

**4 Each applicant MUST READ, SIGN and DATE the Declaration and Authorization at the bottom of page 3**

Once you have calculated your premium, please read the Declaration and Authorization carefully—**Section 4** on page 3. If you agree with the statements, each applicant must sign and indicate the date of your signature at the bottom of page 3.

**5 Fill in all the information required on Page 1 – Applicant Information and mail us your completed Application with payment.**

**NOTE: You must complete pages 1, 2 and 3 of this application in order to apply for coverage.**

**FAX TO: 1.902.425.0550** or:

**MAIL TO: MARITIME TRAVEL INSURANCE**

**2000 Barrington St, Suite 202, Halifax, NS B3J 3K1**

**EMAIL: insurance@maritimetravel.ca**

**NOTE: These documents are not your A La Carte Travel Insurance policy.** An A La Carte Travel Insurance policy, tax receipt and wallet cards will be sent to you once your completed application is accepted by the insurer.

**IMPORTANT: You must notify the Emergency Assistance Company shown on your wallet cards within 24 hours of any claim for medical or dental treatment (even if the amount of the claim is below your deductible).** Failure to do so will result in you being responsible for **50%** of any eligible expenses and the maximum liability under this policy will be limited to \$25,000. You must call the *Emergency Assistance Company* shown on your wallet cards unless your condition prevents you from calling. You must call as soon as medically possible or have someone call on your behalf.

**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, bowel obstruction, bowel surgery, *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 or licensed medical practitioner 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 are able to be discharged from the medical facility.

**heart condition:** 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 bypass; (viii) heart valve disease (include any regurgitation or stenosis (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, sarcoidosis, lung surgery or *chronic* asthma. (This does not include seasonal allergies or a *minor ailment*).

**medication:** means any 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 hospitalization, surgery or more than one follow-up consultation to any medical provider beyond the initial assessment and includes the use of no more than 2 *medications* for a maximum of 30 days.

**pre-existing condition:** 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, you have not been advised by a physician that you should have a surgical procedure, nor has there been any alteration in *treatment* prescribed or recommended by a physician or received within the *pre-existing 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, Pradox or Dabigatran.

**treatment, treat or treated:** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician or other licensed medical practitioner, including but not limited to prescribed *medication*, investigative testing, hospitalization, surgery or recommended action that is related to the condition.

### *Note from Maritime Travel:*

Certain provinces and territories are discussing the elimination of reimbursement from the Government Health Insurance Plan (GHIP) for Out-of-Canada claims. Ontario has already announced this change. Other provinces and territories will likely follow.

We would prefer not to raise rates to cover this extra claim cost, so we have done something fair and reasonable. This is called GHIP Replacement Cost.

If your province or territory does not offer reimbursement for any Out-of-Canada medical expenses at the time you have a claim under this policy and there are eligible medical expenses for a Hospital or Emergency Room (ER) visit, you will be required to pay US\$260 for the GHIP Replacement Cost. This US\$260 charge cannot be waived.

However, if you only have eligible medical expenses at a stand-alone clinic, dentist or doctor's office, the charge for the GHIP Replacement Cost will not apply.

The charge for the GHIP Replacement Cost is in addition to any deductible amount you have on this policy.

*Carol Bechman*

President, Retail Operations  
Maritime Travel