

A La Carte Travel Insurance

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

2026-2027 Brochure

Maritime Travel
We Know Travel Best.™

www.maritimetravel.ca

Features of the A La Carte plan

30 day *stability* option if you had a recent *medication* change (see Option Worksheet Section II. Buy down your *pre-existing condition stability* period)

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

No Top-up Fee

Up to $5,000,000 of Coverage

A 90 or 180 day *pre-existing condition stability* period applies based on your answers to the Underwriting Questions

One Simple Rate Table

Available up to Age 94

Standard deductible is US$50. Buy down your deductible to $0 for 10 extra points

Annual Multi-Trip plans cover trips In Canada (outside your province or territory)

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

Direct Payment to Most Hospitals

Excellent Refund Policy

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.

Rates can change at any time without notice unless your premium has been paid in full.

Questions?

Call: **1.833.767.1732** or fax: **1.902.425.0550** or email: **insurance@maritimetravel.ca**

A La Carte Travel Insurance

Distributed by Maritime Travel

Instructions on How to Calculate the Premium 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 Rate Tables, follow down the column until you come to the Day Band for the number of Days you require coverage.
4. Use the base premium rate–based on your age and the number of days you require coverage for – to enter in line 2 of Section 3 – Premium Calculation.
5. For 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 Rate Tables in line 1 of Section 3 – Premium Calculation.
6. Add the amounts from lines 1 and 2 and enter the result in line 3 Annual Multi-Trip and Single Trip Base Premium SUBTOTAL of Section 3 – Premium Calculation.
7. For each Applicant's premium, multiply line 3 x line 4 and enter the result in line 5.

Each applicant must read, sign and date the Application for Insurance at the bottom of page 3. Mail or fax the completed Application for Insurance (see #5 on page 4) with the required premium.

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 $20 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 Rate Tables for the total trip length less the premium you have paid and multiplied by your Score. There will be a $15 per person risk premium added to this result. A minimum premium of $30 per person applies to each extension. Please see the A La Carte Travel Insurance policy for Extension details.

Base Rate Tables 2026–2027

THE MINIMUM PREMIUM IS $20 PER PERSON

SINGLE TRIP PLAN

DAY BANDS	AGE 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
1 to 2	$42	$46	$47	$74	$93	$137	$217	$329	$356
3 to 5	47	59	62	89	119	170	271	414	442
6 to 10	63	78	78	120	160	225	362	549	594
11 to 15	78	97	110	167	225	317	507	774	846
16 to 20	110	119	147	224	300	422	679	1,038	1,149
21 to 25	134	145	177	268	366	526	853	1,293	1,420
26 to 30	164	176	213	324	435	635	1,021	1,559	1,709
31 to 35	185	205	249	375	513	736	1,196	1,827	2,007
36 to 40	224	247	280	435	581	846	1,373	2,108	2,302
41 to 45	248	272	330	491	660	954	1,548	2,385	2,609
46 to 50	280	298	353	539	723	1,064	1,731	2,666	2,911
51 to 55	298	340	394	601	809	1,164	1,920	2,940	3,219
56 to 60	331	361	426	642	879	1,282	2,096	3,224	3,528
61 to 65	360	398	462	705	917	1,385	2,286	3,510	3,850
66 to 70	393	426	506	761	991	1,503	2,469	3,805	4,166
71 to 75	418	459	537	818	1,059	1,603	2,659	4,092	4,477
76 to 80	459	490	578	883	1,131	1,712	2,846	4,401	4,806
81 to 85	486	531	633	940	1,213	1,842	3,043	4,689	5,132
86 to 90	519	553	680	996	1,283	1,955	3,235	4,995	5,463
91 to 95	542	591	739	1,049	1,423	2,071	3,300	5,297	5,791
96 to 100	581	632	774	1,108	1,509	2,183	3,481	5,600	6,133
101 to 105	612	671	816	1,164	1,591	2,294	3,677	5,917	6,473
106 to 110	666	718	854	1,232	1,671	2,405	3,866	6,222	6,811
111 to 115	691	763	912	1,281	1,703	2,526	4,061	6,543	7,157
116 to 120	719	807	974	1,345	1,779	2,631	4,257	6,853	7,505
121 to 125	753	849	1,048	1,406	1,899	2,889	4,569	7,368	8,063
126 to 130	788	891	1,109	1,463	1,997	3,014	4,778	7,705	8,429
131 to 135	820	936	1,181	1,527	2,088	3,133	4,979	8,039	8,799
136 to 140	843	968	1,251	1,590	2,162	3,257	5,190	8,376	9,168
141 to 145	877	1,010	1,302	1,649	2,243	3,376	5,392	8,721	9,543
146 to 150	904	1,052	1,351	1,704	2,316	3,499	5,600	9,052	9,913
151 to 155	943	1,089	1,407	1,768	2,522	3,625	5,817	9,405	10,289
156 to 160	965	1,127	1,457	1,830	2,615	3,742	6,028	9,756	10,677
161 to 165	994	1,167	1,504	1,897	2,690	3,837	6,237	10,106	11,063
166 to 170	1,024	1,197	1,556	1,946	2,846	3,915	6,547	10,601	11,597
171 to 175	1,056	1,250	1,605	2,010	3,007	4,001	6,665	10,761	12,007
176 to 183	1,103	1,316	1,688	2,113	3,107	4,148	6,762	10,831	12,602
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	61-66	67-71	72-76	77-80	81-85	86-89	90-94
8 Day Plan	$148	$153	$164	$218	$299	$505	$730	N/A	N/A
16 Day Plan	176	184	203	249	337	592	1,062	N/A	N/A
32 Day Plan	323	356	378	470	631	1,141	1,871	N/A	N/A
62 Day Plan	697	762	807	1,010	1,361	N/A	N/A	N/A	N/A

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

You can also purchase A La Carte online!

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.

IMPORTANT: These documents are not your policy. We will send your policy, wallet cards and a receipt once your Application for Insurance has been accepted and your premium has been processed. **This 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 policy**.

Questions? Call: **1-833-767-1732** or fax: **1-902-425-0550** or email: **insurance@maritimetravel.ca**

A La Carte Travel Insurance

2026-2027 Application for Insurance

Distributed by Maritime Travel

Underwritten by: Industrial Alliance Insurance and Financial Services Inc.

Policy # ALC

APPLICANT 1	APPLICANT INFORMATION	APPLICANT 2

Last name (Names must be the same as on your health card)		Last name (Names must be the same as on your health card)	
First name	Middle name	First name	Middle name
Address in Canada for Applicant 1 Street	City	Province	Postal Code
Date of Birth dd mm yy	Government Health Plan # & version code	Date of Birth dd mm yy	Government Health Plan # & version code
Phone/Cell #	E-mail address (if any)	Phone/Cell #	E-mail address (if any)
Family Doctor Name	Phone	Family Doctor 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 or email us

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:

1. In the past 6 months you have not:

(i) 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***;

(ii) received ***treatment*** for metastatic cancer;

(iii) been diagnosed with **or** received ***treatment*** for **or** taken ***medication*** for a terminal illness;

(iv) had or used home oxygen (including an oxygen concentrator) for a ***lung condition***; or

(v) required dialysis.

2. You have not:

(i) had your most recent coronary artery by-pass, coronary angioplasty or stent insertion more than 20 years ago;

(ii) had a coronary angioplasty or stent insertion in the past 6 months;

(iii) had any aneurysm that has not been surgically repaired or any dilation of the aorta;

(iv) in the past 5 years, received ***treatment*** for or taken ***medication*** for Congestive Heart Failure (CHF);

(v) 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;

(vi) been advised by any physician that travelling on your trip would be medically unsafe or that you should not travel on your trip; or

(vii) 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 AMOUNTS UP TO:

EMERGENCY **MEDICAL SERVICES** including COVID-19 coverage	$5,000,000	Vehicle Return	$2,500
Emergency Paramedical/Professional Services	$250 per practitioner	***Emergency*** Evacuation & Repatriation	Eligible Expenses
Emergency Ambulance Transportation	Eligible Expenses	Major Event Return Home	$3,000 per person
Emergency Dental Due to Accidental Blow to the Mouth	$2,000	Subsistence Allowance	$1,500 per person
Emergency Relief of Dental Pain	$300	Expenses Related to your Death	$5,000 per person
Removal of a Cast or Stitches after an ***Emergency***	$300	Bedside Companion Travel	Eligible Expenses
Child Return under your care	Eligible Expenses	24 Hour Worldwide ***Emergency*** Medical Assistance	

COVID-19 is covered like any other medical condition.

See the policy at www.maritimetravel.ca for full details.

NOTE: All premiums, benefits, and limits are quoted in Canadian currency unless otherwise specified.

Questions? Call: **1.833.767.1732** or fax: **1.902.425.0550** or email: **insurance@maritimetravel.ca**

A La Carte OPTION WORKSHEET 2026-2027 Season

Questions? Call: 1-833.767.1732
Fax: 1.902.425.0550

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

If **FAXING** this application, enter your **policy number** below: **ALC**

APPLICANT 1 Score First Name:	APPLICANT 2 Score First Name:

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**, and **III**. 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.

	Applicant 1 Score	Applicant 2 Score
A. Have you ever, received *treatment* for, been prescribed or taken *medication* for, or had a diagnosis of:		
1) a ***heart condition***?	☐ + 95	☐ + 95
2) a Cerebral Vascular Accident (CVA, stroke)?	☐ + 60	☐ + 60
3) Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis)?	☐ + 75	☐ + 75
4) carotid artery stenosis of 50% or more [narrowing, blockage or clogging of any blood vessel(s) in the neck]?	☐ + 75	☐ + 75
B. In the 12 months prior to your departure date, have you received *treatment* for, been prescribed or taken *medication* for, or had a diagnosis of:		
1) Transient Ischemic Attack (TIA, mini-stroke)?	☐ + 35	☐ + 35
2) diabetes type 2 (do not count if your diabetes is diet controlled only)?	☐ + 30	☐ + 30
3) diabetes type 1?	☐ + 70	☐ + 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)?	☐ + 50	☐ + 50
5) dementia (includes Alzheimer's disease)?	☐ + 50	☐ + 50
6) a ***bowel condition*** or gastrointestinal bleed?	☐ + 30	☐ + 30
7) a ***lung condition***?	☐ + 40	☐ + 40
8) 2 or more episodes of a Urinary Tract Infection (UTI)?	☐ + 25	☐ + 25
9) Stage IV Kidney (renal) Failure?	☐ + 50	☐ + 50
10) kidney stone(s) [unless the stone(s) are no longer present]?	☐ + 20	☐ + 20
11) gallstone(s) [unless the gallstone(s) have been removed], or pancreatitis?	☐ + 20	☐ + 20
12) Parkinson's Disease, Muscular Dystrophy, Cerebral Palsy, Myasthenia Gravis or Multiple Sclerosis?	☐ + 75	☐ + 75
13) a ***liver condition***?	☐ + 20	☐ + 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 surgery)?	☐ + 50	☐ + 50
C. In the 12 months prior to your departure date, have you been prescribed or taken:		
1) 3 or more ***medications*** for high blood pressure (hypertension)?	☐ + 35	☐ + 35
2) Prednisone (includes equivalent steroid ***medication***) in pill form for a ***lung condition*** for more than 21 consecutive days?	☐ + 45	☐ + 45
3) Lasix (Novo-Semide/Furosemide) for any reason for more than 21 consecutive days?	☐ + 45	☐ + 45
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?	☐ + 75	☐ + 75
E. Have you, in the past 12 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 ***medication*** or getting into or out of a chair or bed)?	☐ + 100	☐ + 100
F. At any time in the 24 months prior to your departure date, have you used **any tobacco products?**	☐ + 30	☐ + 30
G. Was your last ***complete medical examination*** more than 24 months prior to your departure date?	☐ + 30	☐ + 30

II. BUY DOWN YOUR *PRE-EXISTING CONDITION STABILITY* PERIOD

You qualify for a ***pre-existing condition stability*** period of **90 days** prior to any departure date unless you have answered YES to a ***heart condition*** or a ***lung condition***, in which case, your ***pre-existing condition stability*** period will be the **180 days** prior to any departure date.

	Applicant 1 Score	Applicant 2 Score
♦ Reduce your ***pre-existing condition stability*** period from **180 days** to **90 days** prior to any departure date.	☐ + 25	☐ + 25
♦ If you had a replacement, elimination or an increase/decrease in dosage or frequency of a ***medication*** that does not treat a ***heart conditon*** or a ***lung condition***, and was prescribed more than **45 days** prior to your departure date, you can reduce the ***stability*** period for the medical condition that the ***medication*** treats to **30 days** prior to any departure date.	☐ + 30	☐ + 30

III. CHANGE YOUR DEDUCTIBLE

All deductible amounts are in U.S. dollars (US$) Standard is US$50. ♦ For $0 Deductible ☐ + 10 ☐ + 10

♦ Choose a higher deductible for a reduction to your premium by indicating the point value for your chosen deductible to subtract at the right: **US$250 – 5** **US$500 – 10** **US$1,000 – 15** **US$2,000 – 20** **US$2,500 – 25** **US$5,000 – 30** **US$10,000 – 40** ➤➤➤➤➤ ☐ - ____ ☐ - ____

Points for BASIC EMERGENCY MEDICAL COVERAGE ☑ + 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.

Applicant 1 Score	Applicant 2 Score

TRANSFER EACH APPLICANT'S SCORE TO LINE 4 ON PAGE 3

2026-2027 Season

Section 3 - Premium Calculation

Name of Applicant **1** (print)		Name of Applicant **2** (print)
dd mm yy	**Departure Date from Canada** (The day you leave Canada)	dd mm yy
dd mm yy	**Date Coverage Begins** (Policy Effective Date) (If "topping-up", this is the day after your other coverage ends)	dd mm yy
dd mm yy	**Date Coverage Ends** (Policy Expiry Date) (Must be before **September 30, 2027** for single trips)	dd mm yy
Coverage for _____ days	**Total Number of Single Trip Plan Days Required** (Count both the Date Coverage Begins and the Date Coverage Ends)	Coverage for _____ days
8 Day ☐ **16 Day** ☐ **32 Day** ☐ **62 Day** ☐	**Annual Multi-Trip Plan Selected** (check one if applicable)	**8 Day** ☐ **16 Day** ☐ **32 Day** ☐ **62 Day** ☐
dd mm yy	**Annual Multi-Trip Plan Effective Date** (Must be before **July 31, 2027**) **Note:** The Annual Multi-Trip Plan cannot be used to top-up another plan	dd mm yy

1 $	**Annual Multi-Trip Plan Premium -** Use rate from Annual Multi-Trip **Base Rate Tables**	1 $
2 $	**Single Trip Plan** rate from the **Base Rate Tables**	2 $
3 $	**Annual Multi-Trip and Single Trip Base Premium SUBTOTAL:** Add the amounts from lines 1 + 2	3 $
4 $	**FACTOR: SCORE** (shown at the bottom of page 2) ÷ **100**	4 $
5 $	**APPLICANT TOTAL: Base Premium SUBTOTAL** 3 × **FACTOR: SCORE** 4	5 $

Applicant 1 & 2 Total = $

Make cheques payable to: **Maritime Travel** or complete →

Visa or 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 Brochure and Application for Insurance (including the Eligibility Requirements) form part of the policy and they are all 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 required 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.

I understand that if I do not 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.

Applicant 1 signature (sign on line above) _____ Date _____

Applicant 2 signature (sign on line above) _____ Date _____

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

NOTE: All premiums, benefits, and limits are quoted in Canadian currency unless otherwise specified

1 Each Applicant 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 **III** 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 **90 or 180 days** prior to any departure date.

If you had a replacement, elimination or an increase/decrease in dosage or frequency of a ***medication*** that does not treat a ***heart condition*** or a ***lung condition*** that was prescribed more than **45 days** prior to your departure date, you can reduce the ***stability*** period for the medical condition that the ***medication*** treats to **30 days** prior to any departure date. (add 30 points)

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

The A La Carte Travel Insurance policy has a **US$50** standard deductible per claim.

3 Calculate your Premium on page 3 of this application

Follow the instructions on the back of the 2026-2027 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 everything required for each Applicant on page 1 - Applicant Information, page 2 - Option Worksheet and page 3, section 3 - Premium Calculation. Send us your completed Application for Insurance along with the required premium to the appropriate address below.

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**

These documents are not your policy. We will send your policy, wallet cards and a receipt, once your Application for Insurance has been accepted and your premium has been processed, or visit www.maritimetravel.ca to download the policy. We can mail these to you if you do not have access to a printer.

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, 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 or consulted by telephone 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 by-pass; (viii) heart valve disease (include any regurgitation or stenosis (moderate or severe)); (ix) 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, interstitial lung disease, 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, Pradax 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.