2026-2027 Brochure

TravelHealth Medical Plan

One of Canada's first Snowbird Plans

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PLAN HIGHLIGHTS

- 30 day ***stability*** option if you had a recent ***medication*** change (see Front of Application)
- For Plans 1, 2 and 3, a 90 day ***pre-existing condition stability*** period applies. For Plan 4 and 5, that period will be 180 days
- Major Event Return Home benefit included with your Single Trip Plan or Annual Multi-Trip Plan policy
- Annual Multi-Trip plans up to 62 days per trip are available for most plans and ages
- Annual Multi-Trip plans cover trips in Canada (outside your province or territory)
- Standard deductible is US$50. Buy down your deductible to $0 for 10% extra
- We accept cancellations or refund requests via telephone, mail, email or fax
- You can purchase online at **www.tis.ca** and pay your premium with VISA or MasterCard

BENEFITS SUMMARY

	MAXIMUM LIMIT UP TO (in Canadian Dollars)
EMERGENCY **MEDICAL SERVICES** including COVID-19 coverage	**$5,000,000**
Emergency Ambulance Transportation	Eligible Expenses
Private Nursing	$5,000
Emergency Dental Due to an Accidental Blow to the Mouth	$2,000
Emergency Relief of Dental Pain	$300
Major Event Return Home	$3,000
Vehicle Return	$2,500
Emergency Return Home	Eligible Expenses
Expenses Related to Your Death	$5,000
Removal of a Cast or Stitches after an ***Emergency***	$300
Child Return Under Your Care	Eligible Expenses
Subsistence Allowance	$1,500
Bedside Companion Travel Care	Eligible Expenses
Emergency Paramedical/Professional Services	$250 per practitioner

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.

24 HOUR WORLDWIDE *EMERGENCY* MEDICAL ASSISTANCE
See the policy at www.maritimetravel.ca for full details.

Reviewing and purchasing the TravelHealth Medical Plan is easy and convenient!

We can send you the TravelHealth Medical Plan application, brochure and policy by mail, fax or email. They can also be viewed and downloaded directly from our www.maritimetravel.ca website.

For your convenience, TravelHealth Medical Plan can be purchased online and the premium paid for with VISA or MasterCard.

Your policy, tax receipt and wallet cards can then be printed right away. This is the simplest way to buy your insurance.

We can mail these to you if you do not have access to a printer.

Rates can change at anytime 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**

Medical Requirements for Plan Categories

If you are eligible for this insurance, as per the Eligibility Requirements on the Back of the Application for Insurance, you must choose the correct plan based on your answers to the Medical Requirements for Plan Categories as shown below. If you are waiting for a test to confirm or rule out a condition, you must answer "YES" to that condition or the insurance may be void. If you are unsure of your medical history or conditions, check with your physician.

Terms that are *italicized* and underlined have specific meanings and are defined on page 3 of this Brochure in "**Definitions**". Please be sure to refer to them while reviewing these medical questions.

When answering the Medical Requirements below, you must be complete and accurate. If any of your answers are found to be incorrect or incomplete, your coverage may be void. It is your responsibility to read and understand these Medical Requirements in full.

Start with Plan 5 and work downward. Follow the important instructions after the Medical Requirements for each plan.

Plan 5 - If you answer YES to 2 or more of the conditions or statements 1.(i) to 1.(iv), 2., or 3. below, you qualify for Plan 5.
Plan 4 - If you answer YES to 1 of the conditions or statements 1.(i) to 1.(iv), 2., or 3. below, you qualify for Plan 4.

1. **Have you ever received *treatment* for, been prescribed or taken *medication* for, or had a diagnosis of:**
   (i) ***heart condition*;**
   (ii) Cerebral Vascular Accident (CVA, stroke);
   (iii) Peripheral Vascular Disease [PVD] (excluding varicose veins and venous stasis); or
   (iv) carotid artery stenosis of 50% or more [narrowing, blockage or clogging of any blood vessel(s) in the neck].
2. **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).**
3. **Have you had your most recent coronary artery by-pass, coronary angioplasty or stent insertion over 15 years and up to 20 years prior to your departure date.**

If you qualify for **Plan 5** or **Plan 4** based on the above, follow the instruction in **NOTE** at the bottom of this page. Otherwise continue to work downward.

Plan 4 - If you answer YES to 2 or more of the conditions or statements 1.(i) to 1.(vii), 2., 3. or 4. below, you qualify for Plan 4.
Plan 3 - If you answer YES to 1 of the conditions or statements 1.(i) to 1.(vii), 2., 3. or 4. below, you qualify for Plan 3.

1. **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:**
   (i) 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);
   (ii) Stage IV Kidney (renal) Failure;
   (iii) a ***liver condition***;
   (iv) dementia (includes Alzheimer's disease);
   (v) diabetes type 1;
   (vi) 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); or
   (vii) Transient Ischemic Attack (TIA, mini-stroke).
2. **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 Parkinson's Disease, Muscular Dystrophy, Cerebral Palsy, Myasthenia Gravis or Multiple Sclerosis.**
3. **In the 12 months prior to your departure date, have you been prescribed or taken Prednisone (includes equivalent steroid *medication*) in pill form for a *lung condition* for more than 21 consecutive days.**
4. **In the 12 months prior to your departure date, have you been prescribed or taken, Lasix (Novo-Semide/Furosemide) for any reason for more than 21 consecutive days.**

If you qualify for **Plan 4** or **Plan 3** based on the above, follow the instruction in **NOTE** at the bottom of this page. Otherwise continue to work downward.

Plan 3 – If you answer YES to 2 or more of the conditions or statements in 1.(i) to 1.(vi), 2. or 3. below, you qualify for Plan 3.
Plan 2 – If you answer YES to 1 of the conditions or statements in 1.(i) to 1.(vi), 2. or 3. below, you qualify for Plan 2.

1. **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:**
   (i) ***lung condition***;
   (ii) diabetes type 2 (do not count if your diabetes is diet controlled only);
   (iii) ***bowel condition*** or gastrointestinal bleed;
   (iv) 2 or more episodes of a Urinary Tract Infection (UTI);
   (v) kidney stone(s) [unless the stone(s) are no longer present]; or
   (vi) gallstone(s) [unless the gallstone(s) have been removed] or pancreatitis.
2. **In the 12 months prior to your departure date, have you been prescribed or taken 3 or more *medications* for high blood pressure (hypertension).**
3. **Was your last *complete medical examination* more than 24 months prior to your departure date.**

If you qualify for **Plan 3** or **Plan 2** based on the above, follow the instruction in **NOTE** at the bottom of this page. Otherwise continue to work downward.

Plan 1 – If you are eligible for this insurance, but do not qualify for Plan 2, Plan 3, Plan 4 or Plan 5, you qualify for Plan 1. See **NOTE** below.

NOTE: Proceed to the Front of the Application for Insurance and complete the Travel and Premium Details sections.

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

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NOTE: The TravelHealth Medical Plan covers eligible expenses for *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 TravelHealth Medical Plan policy. The policy maximum is $5,000,000 per person per claim.

Instructions

Each Applicant must follow these instructions when completing their Application.

1. Read **Eligibility Requirements** on the Back of the Application for Insurance. Continue only if you are eligible for this insurance.
2. Complete the **Applicant Information** section on the Front of the Application for Insurance.
3. Complete the **Travel Details** section on the Front of the Application for Insurance.
4. Determine which Plan you qualify for by using the **Medical Requirements for Plan Categories**, found on page 2 of this Brochure. Check off the correct box, in the section **Premium Details** on the Front of the Application for Insurance, to indicate the Plan which you qualify for.
5. If you are selecting an **Annual Multi-Trip Plan**, find your base premium in the correct Rate Table on page 4 of this Brochure, based on the maximum number of days for each trip, the Plan which you qualify for and your age on the Annual Multi-Trip Effective Date. Transfer that amount to line 1. in the section **Premium Details** on the Front of the Application for Insurance. Also, indicate your choice of 8, 16, 32 or 62 days.
6. If you are selecting **Single Trip** coverage, use the Rate Table for the plan which you qualify for on page 4 of this Brochure to determine your **Single Trip Daily Rate**. It is based on your age on your departure date and the Total Trip Days which is the number of days between your Departure Date from Canada and your Expiry Date for Single Trip.
7. Transfer your **Single Trip Daily Rate** (based on Total Trip Days) to the **Single Trip Premium Calculation Chart** at the bottom of page 4. Use this chart to calculate the number of days of coverage you require: **Total Trip Days** less **Other coverage days** (the total number of existing days of coverage you may have on any annual plans). Multiply the **Single Trip Days** by the **Daily Rate** to calculate your **Single Trip Premium**.
8. Transfer the amount of your **Single Trip Premium** to line **2**. on the Front of the Application for Insurance in the **Premium Details** section.
9. Carefully complete the rest of the **Premium Details** section on the Front of the Application for Insurance including **4. ADJUSTMENTS**. Choose your deductible, based on the table — **Deductibles (US$)** on page 4 of this Brochure. Transfer the appropriate percentage to **Adjustment 4a**. Enter the premium amount in the appropriate boxes for all other **Adjustments (4a to 4d)** which apply.
10. In order to calculate your total premium, add lines **3** and **4a** to **4d** and enter the amount in your **Applicant Total** box. Add each **Applicant's Total** (if applicable) and enter it in the **GRAND TOTAL DUE** box. Indicate your credit card details (if applicable).
11. Each applicant must read, sign and date the **Declaration and Authorization** on the Back of the Application for Insurance.
12. 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
13. 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.
14. We calculate extension premiums by using the daily rate [including any **Adjustments**] from the current Rate Tables for the total trip length multiplied times the number of extension days. 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 TravelHealth Medical Plan policy for Extension details.

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 (a) abnormal heart rhythm (include arrhythmia, atrial fibrillation or irregular heartbeat); (b) pacemaker or defibrillator insertion or replacement; (c) heart attack (myocardial infarction); (d) heart transplant; (e) coronary artery disease (including angina); (f) coronary angioplasty or stent insertion; (g) coronary artery by-pass; (h) heart valve disease (include any regurgitation or stenosis (moderate or severe)); (i) heart murmur; (j) pericarditis; or (k) 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.

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2026-2027 Brochure

Questions?
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email: insurance@maritimetravel.ca

THE MINIMUM PREMIUM IS $20 PER PERSON.

BASE RATE TABLES

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

PLAN 1

Covers *emergency treatment* for a *pre-existing condition* that was *stable* in the 90 DAYS prior to any Departure Date.

	Number of days	AGE 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip	1-63	5.99	6.88	7.44	9.43	14.02	20.35	33.94	50.84	59.33
	64-84	6.31	7.25	7.80	9.92	14.68	21.39	35.60	53.38	62.32
	85-105	6.55	7.61	8.19	10.40	15.37	22.42	35.81	55.95	65.25
	106-126	6.88	7.94	8.57	10.84	16.05	22.71	37.42	58.49	68.25
	127-183	7.20	8.32	9.31	11.64	16.79	22.84	37.46	58.56	71.16
	184 +	7.74	8.98	10.12	12.59	18.69	25.74	42.32	66.09	77.09
Multi-trip	8 day	159	169	185	223	301	321	353	446	N/A
	16 day	192	204	213	259	368	397	1,008	N/A	N/A
	32 day	366	383	405	501	691	753	1,788	N/A	N/A
	62 day	789	824	868	1,070	1,496	N/A	N/A	N/A	N/A

PLAN 2

Covers *emergency treatment* for a *pre-existing condition* that was *stable* in the 90 DAYS prior to any Departure Date.

	Number of days	AGE 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip	1-63	7.91	9.17	9.88	12.51	18.55	26.93	44.92	67.32	78.52
	64-84	8.33	9.63	10.36	13.09	19.46	28.23	47.15	70.69	82.49
	85-105	8.73	10.02	10.88	13.74	20.38	29.64	47.39	74.01	86.39
	106-126	9.11	10.51	11.33	14.35	21.29	30.04	49.58	77.45	90.35
	127-183	9.48	10.98	12.37	15.40	22.23	30.23	49.63	77.49	94.28
	184 +	10.27	11.89	13.40	16.70	24.73	34.08	56.06	87.51	102.12
Multi-trip	8 day	207	221	236	293	405	418	483	624	N/A
	16 day	250	261	277	337	482	515	1,134	N/A	N/A
	32 day	483	504	532	656	916	988	1,937	N/A	N/A
	62 day	1,036	1,088	1,148	1,412	1,976	N/A	N/A	N/A	N/A

PLAN 3

Covers *emergency treatment* for a *pre-existing condition* that was *stable* in the 90 DAYS prior to any Departure Date.

	Number of days	AGE 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip	1-63	9.96	11.45	12.36	15.67	23.24	33.77	56.28	84.35	98.44
	64-84	10.41	12.10	12.97	16.46	24.38	35.48	59.09	88.64	103.36
	85-105	10.92	12.63	13.60	17.20	25.53	37.17	59.41	92.87	108.29
	106-126	11.43	13.18	14.20	18.00	26.71	37.64	62.09	97.03	113.24
	127-183	11.91	13.73	15.52	19.34	27.93	37.87	62.25	97.19	118.16
	184 +	12.95	14.89	16.77	20.90	31.04	42.72	70.26	109.70	127.96
Multi-trip	8 day	252	272	292	361	501	569	825	N/A	N/A
	16 day	315	327	345	417	594	718	1,523	N/A	N/A
	32 day	599	624	662	816	1,136	1,367	2,659	N/A	N/A
	62 day	1,297	1,346	1,443	1,759	2,470	N/A	N/A	N/A	N/A

PLAN 4

Covers *emergency treatment* for a *pre-existing condition* that was *stable* in the 180 DAYS prior to any Departure Date.

	Number of days	AGE 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip	1-63	13.16	15.23	16.37	20.73	30.83	44.80	74.58	111.88	130.55
	64-84	13.85	15.99	17.16	21.77	32.34	47.02	78.30	117.44	137.06
	85-105	14.51	16.74	17.99	22.83	33.86	49.27	78.78	123.06	143.60
	106-126	15.18	17.49	18.81	23.84	35.43	50.03	82.33	128.65	150.13
	127-183	15.81	18.23	20.57	25.60	36.91	50.21	85.97	128.82	156.63
	184 +	17.12	19.78	22.27	27.73	41.13	56.63	93.10	145.43	169.66
Multi-trip	8 day	345	373	399	501	685	813	N/A	N/A	N/A
	16 day	435	449	479	570	822	1,645	N/A	N/A	N/A
	32 day	830	859	920	1,120	1,573	N/A	N/A	N/A	N/A
	62 day	1,807	1,877	1,997	2,439	3,426	N/A	N/A	N/A	N/A

PLAN 5

Covers *emergency treatment* for a *pre-existing condition* that was *stable* in the 180 DAYS prior to any Departure Date.

	Number of days	AGE 1-55	56-60	61-66	67-71	72-76	77-80	81-85	86-89	90-94
Single Trip	1-63	17.40	20.09	21.66	27.44	40.75	59.24	98.70	148.00	172.67
	64-84	18.31	21.11	22.70	28.78	42.76	62.20	103.66	155.40	181.35
	85-105	19.16	22.14	23.80	30.16	44.78	65.16	104.22	162.79	189.91
	106-126	19.98	23.11	24.91	31.56	46.87	66.31	108.96	170.18	198.59
	127-183	20.90	24.16	27.17	33.83	48.85	66.41	113.70	177.63	207.23
	184 +	22.62	26.10	29.46	36.65	54.41	74.92	123.19	192.40	224.48
Multi-trip	8 day	476	504	546	679	939	N/A	N/A	N/A	N/A
	16 day	593	611	655	784	1,126	N/A	N/A	N/A	N/A
	32 day	1,136	1,184	1,258	1,540	2,159	N/A	N/A	N/A	N/A
	62 day	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

IMPORTANT: To help you complete the Application for Insurance, see the Instructions on page 3 of this Brochure

THE MINIMUM PREMIUM IS $20 PER PERSON.

DEDUCTIBLES (US$)

The standard deductible is US$50

Premium Savings with Higher Deductibles

You can choose a higher deductible for a reduction to your premium

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%

For a $0 deductible on all claims, add 10% to your premium

Single Trip Premium Calculation Chart

If you are eligible for this insurance: enter your **Total Trip Days**, **Other coverage days** (if any) and number of **Single Trip Days** of coverage you require in the chart below. Determine the **Plan** you qualify for—based on the Medical Requirements for Plan Categories on page 2. Using the appropriate Rate Table above, find your Daily Rate —based on your Total Trip Days—and enter it in the **Daily Rate** box below. Calculate your **Single Trip Premium** (multiply **Single Trip Days** by the **Daily Rate**) and transfer the total to line **2**. on the Front of the **Application for Insurance** in the **Premium Details** section.

	Total Trip days		Other coverage days		Single Trip Days		Daily Rate		Single Trip Premium
Applicant 1		—		=		x	$	=	$
Applicant 2		—		=		x	$	=	$

TravelHealth Medical Plan

One of Canada's first Snowbird Plans

Underwritten by Industrial Alliance Insurance and Financial Services Inc.

— Front —

Application for Insurance 2026-2027

1.833.767.1732
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TIS

Applicant Information

APPLICANT 1	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 3 of the Brochure.

Out of Country Address (if unknown give city/state)

Street

City / State / Zip Code

Phone

Emergency Contact in Canada (relative or friend)

Name / Phone

Travel Details

APPLICANT 1		APPLICANT 2
dd mm yy	**Departure Date from Canada** (The day you leave Canada)	dd mm yy
dd mm yy	**Effective Date for Single Trip Plan** Coverage begins at 12:01 AM on this day. If topping up another plan, the Effective Date will be the day after your other coverage terminates	dd mm yy
dd mm yy	**Expiry Date for Single Trip Plan** Coverage ends at 11:59 PM on this day. (Must be before **September 30, 2027**)	dd mm yy
Coverage for _____ days	**Total Number of days of Single Trip Plan Coverage** Number of days from the Effective Date to the Expiry Date (count both of these days)	Coverage for _____ days
dd mm yy	**Annual Multi-Trip Plan Effective Date** (if selected) (Must be before **July 31, 2027**) Note: The Annual Multi-Trip Plan cannot be used to top-up another plan	dd mm yy

Plan: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ (Check one)

Premium Details

(Check one) Plan: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

1 $	**1. Annual Multi-Trip Plan Premium (if chosen)** ☐ 8 Day ☐ 16 Day ☐ 32 Day ☐ 62 Day ← → ☐ 8 Day ☐ 16 Day ☐ 32 Day ☐ 62 Day	$ 1
2 $	**2. Single Trip Plan Premium** (See Calculation instructions on pages 3 and 4 of the Brochure)	$ 2
3 $	**3. Subtotal:** Total of lines 1 + 2	$ 3
4	**4. Adjustments** Each Applicant must insert the premium that applies to each selected **Adjustment 4a** to **4d**	4
4a $	**Deductible Option** (Choose your deductible from **Deductibles (US$)** on page 4 of the Brochure). **Multiply the % for your deductible by line 3** and indicate if this amount is to be added or subtracted (+ or –)	$ 4a
4b $	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***, 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, **put 30% of line 3 in box 4b**	$ 4b
4c $	If at any time in the **24 months** prior to your departure date, you have used **tobacco products put 30% of line 3 in box 4c**	$ 4c
4d $	To reduce your pre-existing condition stability period from **180 days** to **90 days** prior to any departure date (Plan 4 and 5 only) **put 25% of line 3 in box 4d**.	$ 4d
$	**Applicant 1 Total** — **Total of lines 3 and 4a to 4d** — **Applicant 2 Total**	$

APPLICANT 1 & 2 TOTAL $

GRAND TOTAL DUE or complete →

Make cheques payable to: Maritime Travel

Visa or Mastercard

Card # _____

3 Digit Code: _____ (CVD) Expiry Date: _____ (Month) _____ (Year)

Make sure that each applicant reads, signs and dates the Declaration and Authorization on the reverse side.

TravelHealth Medical Plan 2026-2027

— Back —

Application for Insurance

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

Eligibility Requirements

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).

If you cannot meet all of the above Eligibility Requirements any time you depart on your trip(s), you are not eligible for coverage under this policy.

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.

Declaration and Authorization

Each applicant must read, sign and date the Declaration and Authorization below

I am applying for the TravelHealth Medical Plan (THMP) 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 THMP 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 THMP 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 a THMP 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 THMP 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, I understand that 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 the Eligibility Requirements stated above) for this policy, which would result in a change in the plan for which I qualify 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.

Applicant 1 signature (sign on line above)	Date	Applicant 2 signature (sign on line above)	Date

NOTE: Any words that are italicized and underlined refer to defined terms (see Definitions on page 3 of the Brochure)