

VISITORS TO CANADA TRAVEL INSURANCE APPLICATION



Important Notice About Your Personal Information: By submitting this application you agree that Royal & Sun Alliance Insurance Company of Canada ("we", "us") may collect, use and disclose your Personal Information (including to and from your broker, our affiliates and service providers and organizations that may have referred you to us) for purposes of quoting a premium, policy administration, improving customer experience, administering referral arrangements, and for other lawful purposes described in our Protecting Customer Privacy document. For a copy of this document please see www.rsatravelinsurance.com.



Policy Number For Office Use Only
VTC

15 20 APP ECA 0719 000

ELIGIBILITY — Throughout this application, words in *italics* have a specific meaning and are defined in the **DEFINITIONS** section on the back of this form.

- You must be a visitor to Canada, a person with a Canadian work visa or Super Visa, an immigrant to Canada or a Canadian resident, who is not eligible for a provincial or territorial government health insurance plan in Canada.
 - You must be 85 years of age or under on the policy effective date, and at least 15 days old.
 - You must **NOT** be travelling against the medical advice of a physician and/or have been diagnosed with a terminal illness. A terminal illness means that you have a medical condition that is cause for a physician to estimate that you have less than 6 months to live or for which palliative care has been received.
 - You must **NOT** have a kidney disease requiring dialysis.
 - You must **NOT** have Congestive Heart Failure, or require the use of home oxygen.
 - You must **NOT** be experiencing new or undiagnosed symptoms and/or know of any reason to seek medical attention.
- Note:** Your *spouse* and/or *child(ren)* must also meet all the above criteria to be eligible for *family* coverage under this plan.

APPLICANT INFORMATION (please print)

Last Name:		First Name:		Date of Birth (D/M/Y):	
Type of Coverage: <input type="checkbox"/> Single <input type="checkbox"/> Family (if applying for Family Coverage, complete SPOUSE AND CHILD(REN) section below)					
Please select your purchase type: <input type="checkbox"/> New Policy (no prior Visitors to Canada Travel Insurance policy issued) <input type="checkbox"/> Additional New Policy, please indicate your previous Visitors to Canada Travel Insurance policy number: _____					
Address in Canada:				City:	
Province:		Postal Code:		Telephone:	
Country of Origin:			Email:		
Contact Person in Canada			Last Name:		First Name:
Address:				Telephone:	

SPOUSE AND CHILD(REN) (please print) — For additional insureds, attach a separate page.

Last Name	First Name	Date of Birth (D/M/Y)

POLICY INFORMATION

Sum Insured Options: (please select)	PLAN 1 Age 65 or under	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$300,000
	PLAN 2 Age 50 to 85	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000		
Deductible Options: (please select)	<input type="checkbox"/> \$100 (0%) <input type="checkbox"/> \$0 (+5%) <input type="checkbox"/> \$1,000 (-20%)						
Latest Date of Entry into Canada (D/M/Y)	Application Date (D/M/Y)	Application Time		Effective Date (D/M/Y)	Number of Days	Expiry Date (D/M/Y)	
		: <input type="checkbox"/> AM <input type="checkbox"/> PM					

PAYMENT — To calculate the Total Premium Due, refer to PREMIUM CALCULATION section on the back of this form.

Age of Eldest Applicant on Effective Date: _____

Please select Plan (Applicants age 50 to 65 have the option of Plan 1 or 2): Plan 1 (available for ages 65 or under) Plan 2 (available for ages 50 to 85)

Total Premium Due: \$ _____	Minimum of \$20	Submit this Application to:
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		RSA 2665 King Ouest, Suite 650 Sherbrooke QC J1L 2G5 or call 1-855-444-9766
Credit Card Number	Expiry (M/Y)	

DECLARATION AND SIGNATURE

I understand that this emergency medical insurance is subject to limitations and exclusions. I am aware that *pre-existing medical conditions* may be excluded as set out in the Limitations and Exclusions of the policy. I further certify that the information given in this application is correct and that I understand the Waiting Period as specified below:

a) If you purchased coverage within 30 days after arrival in Canada, then in respect of any *sickness*, you will not be entitled to receive reimbursement for *sickness* or symptoms which manifested or were contracted or treated within 48 hours following the effective date of this policy.

b) If you purchased coverage more than 30 days after your arrival in Canada, then in respect of any *sickness*, you will not be entitled to receive reimbursement for *sickness* or symptoms which manifested or were contracted or treated within 7 days following the effective date of this policy.

Exception: This waiting period will be waived if this policy is purchased on or prior to the expiry date of an existing Visitors to Canada Travel Insurance policy already issued by the Insurer, to take effect on the day following such expiry date provided no increase in the Sum Insured Option is applied for. The existing policy must be in effect on the date of purchase and there must be no gap in coverage.

Applicant Signature:	Date (D/M/Y):
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RATES

- **Minimum premium:** \$20
- **Age:** use your age on the effective date to calculate your premium
- **Maximum period of coverage:** 365 days per policy
- **Family Plan:** Family Plan applies to the applicant, spouse and child(ren) who reside together in Canada and who have the same coverage dates in effect. Family Rates are 2 times the Daily Rates found below and are based on the age of the eldest applicant who is 60 years of age or less on the effective date.
- **Deductible applies per insured, per emergency**
 - \$100 deductible (automatic)
 - \$0 deductible (add 5%)
 - \$1,000 deductible (subtract 20%)

PLAN 1 DAILY RATE TABLE — Provides coverage for Stable Pre-Existing Medical Conditions

Age	Sum Insured Options (Super Visa requires a minimum sum insured of \$100,000)					
	\$15,000	\$25,000	\$50,000	\$100,000	\$150,000	\$300,000
0-25	\$2.56	\$2.85	\$3.27	\$5.12	\$6.12	\$6.49
26-40	\$2.80	\$3.13	\$3.60	\$5.71	\$6.64	\$7.27
41-60	\$3.42	\$3.84	\$4.35	\$7.18	\$8.76	\$9.35
61-65	\$4.20	\$5.04	\$5.71	\$7.57	\$9.04	\$9.90

Note: Family Rates are 2 times the Daily Rate of the eldest applicant who is 60 years of age or less on the effective date.

PLAN 2 DAILY RATE TABLE — No coverage for any Pre-Existing Medical Conditions

Age	Sum Insured Options (Super Visa requires a minimum sum insured of \$100,000)			
	\$15,000	\$25,000	\$50,000	\$100,000
50-60	\$3.25	\$3.65	\$4.15	\$6.81
61-64	\$3.91	\$4.69	\$5.32	\$7.03
65-69	\$4.62	\$5.56	\$6.33	\$7.62
70-74	\$6.26	\$7.53	\$8.64	\$11.58
75-79	\$8.67	\$10.29	\$13.42	\$16.73
80-85	\$12.47	\$15.31	\$17.87	\$22.67

Note: Family Rates are 2 times the Daily Rate of the eldest applicant who is 60 years of age or less on the effective date.

PREMIUM CALCULATION

Number of Days	Daily Rate*	Sub-total	Deductible Options	Total Premium Due Minimum of \$20
			<input type="checkbox"/> \$100 Automatic (0%) <input type="checkbox"/> \$0 (+5%) <input type="checkbox"/> \$1,000 (- 20%)	
_____	x \$ _____	= \$ _____	Calculate and add or subtract the appropriate % to the Sub-total based on the selected deductible. +/- \$ _____	= \$ _____

* Note: Family Rates are 2 times the Daily Rate of the eldest applicant who is 60 years of age or less on the effective date.

DEFINITIONS — Throughout this application, words in italics have a specific meaning and are defined below.

Child(ren) means an unmarried natural, adopted or stepchild of the *insured person* or his or her eligible *spouse* who is, on the policy effective date, dependent on the *insured person* or his or her eligible *spouse* for support and is:

- Between 15 days of age and 21 years of age; or
- A full-time student who is under 26 years of age; or
- Of any age with a permanent physical impairment or a permanent mental disability.

Family means *you* and *your* eligible *spouse* age 60 or under and *child(ren)*, who have the same coverage dates in effect and who are living at the same address while in Canada.

Pre-Existing Medical Condition(s) means any medical condition, *sickness* or injury for which at any time prior to the effective date, you have experienced symptoms, you have received medical care, advice, investigation or medical treatment, you have been hospitalized, you have been prescribed (including prescribed as needed) or have taken medication, or you have undergone a medical surgical procedure.

Sickness means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a physician for the purpose of medical treatment.

Spouse means the person to whom the *insured* is legally married or with whom the *insured* has been residing in a conjugal relationship.

Stable Pre-Existing Medical Condition means:

- A condition which is under treatment and has been controlled by diet or consistent use of medication prescribed by a physician and for which in the 180 days prior to the effective date of this policy there has been:
 - no hospitalization; and
 - no change in treatment, medication or dosage.

Exceptions: a reduction in dosage or an elimination of medication resulting from an improved health condition, approved by a physician, does not constitute a change in medication or dosage. A reduction or elimination of treatment resulting from an improved health condition, approved by a physician, does not constitute a change in treatment.
- A condition that existed more than 180 days prior to the effective date and which did not require treatment, as determined by a physician, during the 180 days prior to the effective date of this policy.

The product and rates described are subject to change without notice at any time.

