

Manulife Financial Travel Insurance



VISITORS TO CANADA Travel Insurance Application



Effective October 2008

WHO CAN APPLY?

- Visitors to Canada;
- Canadians who are not eligible for benefit under a government health insurance plan;
- Persons who are in Canada on a work or student visa; or
- New immigrants who are awaiting government health insurance plan coverage.

*Don't Forget ...
Page 3 and Page 5 must
be fully completed
and signed.*

INSTRUCTIONS

Medical questions help us to determine eligibility, assess risk and determine the premium rate that is appropriate.

1. Eligibility – Before completing this application you must determine your eligibility. Please read carefully the detailed exclusions and limitations on the coverage eligibility section at the top of page 3 prior to proceeding. If after reading this section you determine that you are eligible, you qualify for Plan A. Please go to page 4 and fill out the Personal Information Section of the Application.
2. Optional Plan Selection – Those aged 35-85 who are eligible for Plan A may also be eligible for Plan B, which covers stable pre-existing medical conditions. To be eligible for Plan B, you must answer NO to all of the questions in the Medical Questionnaire section.
3. If you are uncertain of your answers to any of the medical questions, please consult your doctor before completing the Medical Questionnaire section.

VISITORS TO CANADA TRAVEL INSURANCE APPLICATION

Remember that we're always here to help you!

For coverage information or general enquiries, please call your agent or advisor.

COVERAGE OPTIONS

Single-Trip Coverage – This plan provides emergency medical coverage for one trip only. Coverage begins on the *effective date* and ends on the termination date as specified on your application and your confirmation of insurance documents.

Multi-Trip/Annual Coverage – This plan option provides emergency medical coverage for an unlimited number of 30-day trips to Canada during a one-year period. Additional days may be purchased to extend each 30-day trip as needed, as long as the terms of the policy are met. Trips must be separated by a return to your home country.

Trip Interruption Coverage – This is an optional benefit and the additional required premium must be paid for coverage to be effective. This benefit covers the non-refundable and non-transferable portion of your trip, should it be interrupted and you are required to return to your home country due to a covered event concerning yourself, an immediate family member or a travel companion.

Travel Accident Coverage – This is an optional benefit and the additional required premium must be paid for coverage to be effective. This benefit will cover you for up to \$50,000 CDN for an accidental bodily injury or death.

DEFINITIONS

Italicized words have a specific meaning. Please refer to these definitions when completing the Medical Questionnaire.

Change in medication means the medication dosage or frequency has been reduced, increased, stopped and/or new medications have been prescribed. *We do not mean a change from a brand-name drug to an equivalent generic drug of the same dosage.*

Effective Date means the date on which *your* coverage starts.

Hospital means a facility that is licensed as a hospital where in-patients receive medical care and diagnostic and surgical services under the supervision of a staff of physicians with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a hospital.

Medical condition means *accidental bodily injury*, illness or disease; complication of pregnancy within the first 31 weeks of pregnancy; a mental or emotional disorder that requires admission to a *hospital*, or acute psychosis.

Pre-existing condition means a *medical condition* that exists before *your effective date*.

Stable – a *medical condition* for which:

1. There have been no new symptoms, and existing symptoms have not become more frequent or more severe or there have been no test results showing deterioration; and/or
2. A *physician* has not determined that the condition has become worse; and/or
3. A *physician* (or other medical professional) has not prescribed or recommended a *change in medication* taken or medical care received for that condition; and/or
4. A *physician* (or other medical professional) has not prescribed or recommended a change in how often the medication is taken or medical care is received for that condition; and/or
5. There has been no admission to a *hospital* and/or you are not awaiting results of further investigation for that *medical condition*.

Treatment means medical consultation, advice, care and/or service provided by a medical practitioner. This includes, but is not limited to medical, therapeutic or diagnostic procedures, investigative testing, surgery, or prescribed drugs (including pills and inhaled, injected or topical medications).

PRE-EXISTING CONDITION EXCLUSION

The *pre-existing condition* exclusion that applies depends on your age and the plan you have qualified for as determined by the answers to the medical questions.

Plan A

Up to age 85: We will not pay any expenses relating to a *pre-existing condition* for which medication has been taken, received or prescribed and/or *treatment* has been received in the 180 days before *your effective date* of insurance; any heart condition if in the 180 days before the *effective date* you require any form of nitroglycerine for the relief of angina pain; any lung condition if in the 180 days before the *effective date* you require *treatment* with oxygen or prednisone for a lung condition.

Plan B

Age 35 – 85: We will not pay any expenses relating to a *pre-existing condition* that is not *stable* in the 180 days before *your effective date*; any heart condition if you require any form of nitroglycerine for the relief of angina pain; any lung condition if you require *treatment* with oxygen or prednisone for a lung condition.

ALL PLANS & ALL AGES

Hospitalization for a *pre-existing condition*. We will not pay any expenses relating to a *pre-existing condition* for which *you* are hospitalized either more than once or for at least 2 consecutive days in the 12 months before *your effective date*.

ELIGIBILITY AND PLAN QUALIFICATION

COVERAGE ELIGIBILITY

You are **not eligible** for coverage under this policy if:

- The date of your trip occurs during the time that you have been advised by a physician not to travel;
- You have been diagnosed with a terminal illness with less than 2 years to live;
- You have a kidney condition requiring dialysis; and/or you have used home oxygen during the 12 months prior to the date of application;
- You are under 31 days or over 85 years of age (over 69 years of age for \$150,000 Single-Trip Emergency Medical coverage or the Multi-Trip plan).

After reading the above, if you determine that you are eligible, you qualify for **PLAN A**. Please go to page 4 and fill out the Personal Information section of the Application.

OPTIONAL PLAN SELECTION

Those aged 35-85 (under 69 years of age for \$150,000 Single-Trip Emergency Medical coverage or the Multi-Trip plan) who are eligible for Plan A may be eligible for **Plan B**, which covers stable pre-existing medical conditions. However, applicants must answer NO to all the **Plan B** eligibility questions below.

In addition, Plan B is only available to residents of the following countries or districts: Austria, Australia, Bahamas, Barbados, Belgium, Bermuda, Cayman Islands, Czech Republic, Denmark, Finland, France, Greece, Germany, Hungary, Hong Kong, India, Ireland, Israel, Italy, Jamaica, Japan, Netherlands, New Zealand, Norway, Poland, Slovakia, South Africa, Spain, Sweden, Switzerland, Trinidad & Tobago, United Kingdom, and the United States of America.

MEDICAL QUESTIONNAIRE

ELIGIBILITY QUESTIONS FOR PLAN B

	APPLICANT 1		APPLICANT 2	
1. Have you: Had heart bypass or valve surgery before 2000?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
2. Do you: Have BOTH diabetes (for which you require the use of medication) AND a heart condition?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
3. Have you ever: Received an organ transplant?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
4. In the past 2 years, have you: a) been prescribed or taken lasix or furosemide for any condition; and/or b) had congestive heart failure; and/or c) required treatment with oxygen or prednisone (or other oral steroid medication, not including puffers) for a lung condition?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
5. In the past 12 months, have you: a) started treatment for and/or been diagnosed with a heart attack; stroke; Transient Ischemic Attack (TIA); mini-stroke or internal bleeding; and/or b) received chemotherapy or radiotherapy for the treatment of cancer; and/or c) been hospitalized for 24 hours or more for a gastrointestinal disease or disorder?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>

If you answered YES to ANY of the PLAN B Eligibility questions, you **are not eligible** to purchase PLAN B.

If you answered "NO" to ALL the PLAN B Eligibility questions, you **are eligible** to purchase PLAN B.

I declare that all the information I have provided on this Medical Questionnaire is true and complete and that I qualify for:

(please circle)

Applicant 1:	Plan A	Plan B	X _____ Signature	
				Date Signed _____
Applicant 2:	Plan A	Plan B	X _____ Signature	
				Date Signed _____

INSURANCE APPLICATION

PERSONAL INFORMATION

Please use another application form if there are more than 2 applicants over the age of majority.

NAME OF APPLICANTS (Last Name, First Name)		DATE OF BIRTH Day / Month / Year		
1. Applicant 1				
2. Applicant 2				
3. Dependent child				
4. Dependent child				
5. Dependent child				
HOME ADDRESS				
Street		Apt No.	City	Country
ADDRESS IN CANADA				
Street		Apt No.	City	Province Postal Code
HOME PHONE # ()	EMERGENCY CONTACT IN CANADA Name		Relationship	Phone ()
ARRIVAL DATE IN CANADA Day / Month / Year		DATE OF APPLICATION Day / Month / Year		

COVERAGE SELECTION

SINGLE-TRIP PLANS

EMERGENCY MEDICAL

COVERAGE REQUESTED: \$15,000 \$25,000 \$50,000 \$100,000 \$150,000 (available up to age 69)

PLAN A

Single Coverage Family Coverage (up to age 54)

PLAN B

Single Coverage

30 DAY MULTI-TRIP PLANS (up to age 69)

PROVIDES \$150,000 ANNUAL COVERAGE – Covers multiple 30-days (or less) trips during a 365-day period. Effective Date: dd/mm/yy

PLAN A

Single Coverage Family Coverage (up to age 54)

PLAN B

Single Coverage

OPTIONAL INSURANCE – SINGLE-TRIP TRAVEL ONLY

TRIP INTERRUPTION

Single Coverage Family Coverage (up to age 54)

TRAVEL ACCIDENT

Single Coverage Family Coverage (up to age 54)

DURATION OF COVERAGE

For Single-Trip Plan

Effective Date*	DD/MM/YYYY	First Day	+ 1
Return Date	DD/MM/YYYY	Plus Last Day	+ 1
No. of days between Effective and Return Date		Plus	+
Total No. of days of coverage		Equals	=

Line A

* Must be within 90 days of purchase

For a Top-Up to a Multi-Trip Plan

Plan Name:	Policy No. (if applicable)
Top-Up Effective Date*	DD/MM/YYYY
Total No. of days in your trip (Line A)	
No. of days already covered under your policy	- Subtract
Total Top-Up days	= Equals

Line A

* Must be within 90 days of purchase

RATES

Effective: October 2008

INSTRUCTIONS

- Premium rate is per person
- All amounts are expressed in Canadian currency

1) For Single-Trip Coverage and Top-Ups, multiply the number of days of coverage required (Line A) by the appropriate "per day" premium rate provided on the rate chart.

SAVINGS

Deductible Options – Emergency Medical

All Emergency Medical published rates (below) include a \$75 deductible. You may choose one of the following deductible options for Single-Trip and Multi-Trip Emergency Medical plans:

DEDUCTIBLE OPTIONS	SURCHARGE/SAVINGS	SURCHARGE/SAVINGS FACTOR
\$0	5% surcharge	1.05
\$75	0% surcharge	1.00
\$500	15% savings	0.85
\$1,000	20% savings	0.80

Family Coverage: (Not available for Plan B). Available for Plan A if all family members are under age 55 for spouse and dependent children. For *Emergency Medical* the rate is calculated at 2x the premium due for the oldest traveler under age 55. For *Optional Insurance* (Trip Interruption and Travel Accident) the rate is calculated at 3x the premium due for the oldest traveler under age 55.

RATE TABLES

EMERGENCY MEDICAL											
PLAN A	COVERAGE	0-25	26-34	35-39	40-54	55-59	60-64	65-69	70-74	75-79	80-85
30-DAY MULTI-TRIP – Annual Premium	\$150,000 Annual Maximum	205	211	218	248	317	398	454	N/A		
	SINGLE-TRIP										
– Premium per Day	\$15,000	1.85	1.90	1.95	2.15	2.20	3.10	3.70	4.60	5.20	5.90
	\$25,000	1.95	2.10	2.20	2.45	2.50	3.60	4.20	5.30	5.70	6.55
	\$50,000	2.25	2.40	2.45	2.75	2.80	4.20	4.90	6.30	7.15	8.30
	\$100,000	2.95	3.25	3.40	4.30	4.35	5.30	6.60	7.90	9.30	10.50
	\$150,000	4.15	4.20	4.25	5.55	5.60	6.90	8.85		N/A	
PLAN B	COVERAGE	0-25	26-34	35-39	40-54	55-59	60-64	65-69	70-74	75-79	80-85
30-DAY MULTI-TRIP – Annual Premium	\$150,000 Annual Maximum			229	269	343	442	490	N/A		
	SINGLE-TRIP										
– Premium per Day	\$15,000	N/A		2.00	2.30	2.45	3.20	3.75	5.65	6.50	8.80
	\$25,000	N/A		2.25	2.60	2.80	3.75	4.25	6.10	7.40	10.25
	\$50,000	N/A		2.50	2.95	3.15	4.40	5.00	7.25	9.30	12.05
	\$100,000	N/A		3.45	4.40	4.55	5.45	6.75	9.10	11.25	15.25
	\$150,000	N/A		4.35	5.75	5.85	7.55	10.00	N/A		

OPTIONAL INSURANCE – for a Single-Trip coverage

	0-25	26-34	35-39	40-54	55-59	60-64	65-69	70-74	75-79	80-85
TRIP INTERRUPTION	0.55	0.57	0.59	0.61	0.62	0.64	0.66	0.68	0.70	0.72
TRAVEL ACCIDENT	0.38	0.38	0.36	0.36	0.36	0.36	0.37	0.37	0.38	0.38

Mail this application form with your payment to your agent/broker or:
 Manulife Financial Travel Insurance, P.O.Box 4262, Stn A, Toronto, ON M5W 5T4.



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