MEDICARE INTERNATIONAL TRAVEL INSURANCE

Manulife Financial

Policy Number **MØ6** 22248

APPLICATION

START HERE

- IF YOU ARE AGE 54 OR LESS, GO TO STEP 1, You automatically qualify for Rate Category A.
- IF YOU ARE AGE 55 OR OVER, AND NOT SELECTING FAST TRAK, GO TO THE MEDICAL QUESTIONNAIRE. → →
- IF YOU ARE AGE 55 TO 74 AND TRAVELLING FOR 30 DAYS OR LESS, YOU MAY APPLY FOR THE FAST TRAK RATE CATEGORY. YOU DO NOT NEED TO COMPLETE THE MEDICAL QUESTIONNAIRE, GO TO STEP 1. CAREFULLY REVIEW THE PRE-EXISTING CONDITION EXCLUSION FOR FAST TRAK – PRE-EXISTING MEDICAL CONDITIONS ARE NOT COVERED.

STEP 1. PERSONAL INFORMATION

Surname and Given Names of Applicants	Date of Birth (mm/dd/yy)	Address
1.		
2.		
3.		
4.		

STEP 2. CALCULATE YOUR PREMIUMS – SELECT ONE PLAN ONLY

SINGLE TRIP PLAN (INCLUDES FAST TRAK) Effective & Expiry dates each count as one day.

Effective Date: (mm/dd/yy)	Expiry Date: (mm/dd/yy)	Total no. of Days in your trip:

SINGLE TRIP TOP-UP PLAN Top-up Effective Date & Expiry Date each count as one day. Ensure primary coverage allows for top-ups.

Departure Date: (mm/dd/yy)	Top-up Effective Date: (mm/dd/yy)	Expiry Date: (mm/dd/yy)
No. of Days already covered:	By what plan? (Please specify.)	No. of Top-up Days required:

MULTI-TRIP PLAN Covers multiple trips during a 365-day period.

Check one option: ❑ 4-Day Plan ❑ 10-Day Plan ❑ 18-Day Plan ❑ 30-Day Plan	Effective Date: (mm/dd/yy) (Cannot be more than 60 days in the future)

DISCOUNTS (Please check appropriate box)

- ❑ 5% Travel Companion (Cannot be combined with Family Coverage)
- ❑ 50% Travel Canada (Cannot be combined with Deductible Discount)
- ❑ Family Coverage (2 x Premium of Oldest Traveller)

DEDUCTIBLE OPTIONS – ALL published rates include a zero deductible.

Deductible amount (USD):	$0	$500	$1,000	$5,000	$10,000
Discount amount:	0%	15%	20%	35%	50%
Check one option:	❑	❑	❑	❑	❑

Applicant 1 Premium Calculation	Circle the Rate Category: A+ A B C FAST TRAK	Premium Per Person	$
Applicant 2 Premium Calculation	Circle the Rate Category: A+ A B C FAST TRAK	Premium Per Person	$
Cancellation/change fee $25.00 per policy	Minimum Premium $20.00	Total Premium Payable	$

IMPORTANT: The rate category you qualify for determines the pre-existing condition exclusion that applies to your coverage. Read your policy for details.

STEP 3. PLEASE READ CAREFULLY BEFORE SIGNING

I apply to The Manufacturers Life Insurance Company (Manulife Financial) for insurance under the Medicare International Travel Insurance policy administered by 21st Century Travel Insurance Limited. I declare that all the information I have provided on this application form and medical questionnaire (if required) is true and complete. I have read the Medicare International Travel Insurance policy and understand the terms, conditions and exclusions (including the pre-existing condition exclusion) that apply to my coverage. I understand that if I misrepresent any material information provided in this application, Manulife Financial will void my policy and I will not be covered for any benefits under this policy. I authorize any hospital, physician, other medical service provider or any other organization or person that has any records or knowledge of me or my health to release to World Travel Protection Inc. and/or Manulife Financial and its reinsurers and/or 21st Century Travel Insurance Limited, any such information for the purpose of this application and contract and any subsequent claim.

Applicant 1 Signature: X _____ Applicant 2 Signature: X _____ Date: _____

STEP 4. PAYMENT AND AUTHORIZATION

Payment type: ❑ Cheque ❑ VISA ❑ MasterCard

Credit Card Number:	Expiry Date: /	Authorization Number:
Cardholder Name:	Cardholder Signature:	
Signature of Authorized Representative:	Agent/Broker Code: BAT500	Agency Name: RAY BATTISTON 1-800 526 7420

For this policy application to be valid it must be countersigned by an authorized 21st Century Travel Insurance representative.

Manulife Financial and the block design are registered service and trademarks of The Manufacturers Life Insurance Company and are used by it and its affiliates including Manulife Financial Corporation.

Ray Battiston, Insurance Broker
151 Osprey Cresc Callander, On P0H 1H0
1 800 526 7420 (fax 705-752-5198)
IceColdNorth.com
raybattiston@on.aibn.com