MEDIPAC
Travel Insurance

INSTRUCTIONS

These instructions have been designed for you to simplify the application process. **Read these instructions in full** before you begin.
If you have any questions, please call Medipac for further assistance at **1-888-MEDIPAC** (1-888-633-4722).

Before you begin:

- Review your policy carefully PRIOR to your departure; in particular, the *"What is Not Covered"* and the *"General Limitations"* sections. Certain exclusions and/or other limitations in benefits are applicable to your coverage.
- The policy contains Stability Period requirements which are applicable to any NEW and/or PRE-EXISTING medical conditions. If you do not meet the requirements of the Stability Period clauses, or you are ineligible for coverage, or have a change in health after your Date of Application and prior to your Effective Date of Insurance, it is important that you call us; coverage may be available through our Individual Underwritten Insurance.
- If you are unclear about ANY of your medical conditions or medications, consult your doctor.

NOTE: Trips in excess of 183 days are available to residents of **all** provinces and territories **except** QC, PEI, NWT and NU.

Completing the Application:

- The application must be filled out in full and in PEN.
- Your Emergency Contact should not be the person with whom you are travelling.
- If you are travelling for more than 40 days, all of the medical questions in sections A, C and D must be completed. Changes **MUST** be initialled.
- An application cannot be processed without specific departure and return dates. If you're unsure of your dates, select the dates and trip length that are closest to your estimated travel time period. When you've finalized your travel plans, call us for your free policy change *(if your trip length changes, a premium adjustment may be required).*
- Your application must be signed by both applicants and dated. Be sure that you **read and understand** the Declaration/Authorization section.

Skipping any of the above steps will require correction and will delay processing of your application.

Helpful reminders:

- You **must** have a policy number before you leave for your trip.
- If you have **any change in health** after the date you completed your application and prior to your Effective Date of Insurance, you **must** call Medipac.
- Prior to seeking medical attention **you must call Medipac Assist.** Failure to call will result in benefits being limited *(see policy wording included).* If you are experiencing a medical emergency, call 911 first. As with all travel insurance plans, in the event of a claim, your medical records **will** be reviewed.
- Plans change prior to your departure date? Call Medipac to have your dates of travel changed. Your insurance cannot begin earlier than your effective date unless you notify Medipac in advance.
- Already on vacation and want to stay longer? Call Medipac **prior** to your scheduled return date to extend your policy *(see policy extension wording included).*
- Coming home a minimum of 10 days early? *See policy refund wording included.*

CHECKLIST

ENDORSED BY CANADIAN SNOWBIRD ASSOCIATION csa

Before you submit your application, ensure that:

- ☐ All medical questions have been answered and any changes made to the application have been initialled by the individual applying for insurance.
- ☐ You have indicated your departure and return dates, trip length and deductible.
- ☐ Each applicant has signed and dated Section H with the date the application was actually signed.
- ☐ Your payment is included.

To Pay In Full:

- To pay in full, include a cheque payable to Medipac Travel Insurance or complete the credit card information in section I.

To Pay by Instalments (only available for trips of more than 41 days with a departure date after October 15):

- To take advantage of the 4-instalment payment option by cheque, include one cheque marked VOID (post-dated cheques are not required).
- If paying by instalments using a credit card, complete Section I.
- Payment by instalments will be taken on the date your application is processed, August 15, September 15 and October 15.
- If your credit card expires before the last instalment date, call us with the new expiry date when your new card arrives.
- If paying by instalments and your application is processed after any of the instalment dates, missed payment(s) will be combined and included on the next instalment date. This means multiple payments will be taken at once.

Application must be postmarked on or before August 14, 2017.

Underwritten by Old Republic Insurance Company of Canada
In Quebec underwritten by Reliable Life Insurance Company

MEDIPAC

TRAVEL EMERGENCY MEDICAL INSURANCE APPLICATION

2017 EARLY BIRD PLAN – Applications must be postmarked on or before August 14, 2017

If you are travelling for less than 41 days and you are under the age of 56, you do not have to complete sections A, C and D of this application.
If you are uncertain of your answer to any of the medical questions, consult your doctor.

A. ELIGIBILITY

			APPLICANT 1 YES	APPLICANT 1 NO	APPLICANT 2 YES	APPLICANT 2 NO
1	**Have you** been diagnosed as having a terminal illness, been advised by a physician not to travel or do you have HIV, AIDS or AIDS-related complex?	1	YES	NO	YES	NO
2	**Have you** been diagnosed with Pulmonary Fibrosis or Interstitial Lung Disease?	2	YES	NO	YES	NO
3	**Have you EVER** had stem cell treatment or an organ or bone marrow transplant (**excluding** cornea or skin graft)?	3	YES	NO	YES	NO
4	**During the 5 YEARS** prior to the date of this application, have you been treated for, taken or been prescribed medication for, or been diagnosed with Lung Cancer, Metastatic Cancer or two (2) or more cancers (**excluding** Basal Cell and Squamous Cell Skin Cancer)?	4	YES	NO	YES	NO
5	**Do you HAVE** a Cardiac condition with an ejection fraction of **LESS THAN 40%** or a ventricular function grade of **3 or 4**?	5	YES	NO	YES	NO
6	**Do you HAVE** Moderately Severe or Severe Cardiac Valve Stenosis?	6	YES	NO	YES	NO
7	**Do you HAVE** an Aneurysm greater than 4.5 cm in size (diameter or width) which remains surgically untreated?	7	YES	NO	YES	NO
8	**During the 6 MONTHS** prior to the date of this application, have you:					
	a undergone Chemotherapy for Cancer or Malignant Tumour(s)?	8a	YES	NO	YES	NO
	b had Cardiac Pacemaker Implant surgery, Coronary Bypass surgery or surgery on **ANY** artery?	8b	YES	NO	YES	NO
9	**During the 12 MONTHS** prior to the date of this application have you:					
	a had any **other** Heart surgery (**including** Ablation, Cardiac Defibrillator Implant, Angioplasty and/or Stent), had a Heart Attack or an episode of Congestive Heart Failure?	9a	YES	NO	YES	NO
	b had a Stroke, a Transient Ischemic Attack (TIA) or a Ministroke?	9b	YES	NO	YES	NO
	c had **ANY** Chronic Lung Disease (**including** Emphysema, Chronic Obstructive Pulmonary Disease [COPD], Chronic Bronchitis, Reactive Airway Disease or Asthma) which caused you to be hospitalized for more than 24 consecutive hours, or for which you have taken or been prescribed Prednisone or Solu-Medrol?	9c	YES	NO	YES	NO
	d taken or been prescribed Home Oxygen for any reason?	9d	YES	NO	YES	NO
	e taken or been prescribed Insulin or two (2) or more medications for Diabetes **AND** medication for a heart condition? ***If medication is taken or prescribed for only one condition, answer "No" to this question.*** The term "medication" includes Nitroglycerin in any form.	9e	YES	NO	YES	NO

If you answered YES to ANY of the questions in Section A, **YOU ARE NOT ELIGIBLE** to purchase this plan. Call 1-877-888-5259 and ask about our Individual Underwritten Insurance.

If you answered NO to ALL the questions in Section A, **YOU ARE ELIGIBLE** to purchase this plan. Please complete the application.

B. PERSONAL INFORMATION

Please Print

APPLICANT 1		APPLICANT 2	
Name:		Name:	
Date of Birth: Day: _____ Month: _____ Year: _____	Male ☐ Female ☐	Date of Birth: Day: _____ Month: _____ Year: _____	Male ☐ Female ☐
Provincial Health Card #:	Version Code: *if any (ON only)*	Provincial Health Card #:	Version Code: *if any (ON only)*
Pre-retirement employer:	Position:	Pre-retirement employer:	Position:
Have you smoked cigarettes in the 3 years prior to the date of this application?	Yes ☐ No ☐	Have you smoked cigarettes in the 3 years prior to the date of this application?	Yes ☐ No ☐
Doctor's Name:	Phone: ( )	Doctor's Name:	Phone: ( )
Specialist's Name *(if any):*	Phone: ( )	Specialist's Name *(if any):*	Phone: ( )
Specialty Type:		Specialty Type:	
Emergency Contact Person not travelling with you:	Phone: ( )	Emergency Contact Person not travelling with you:	Phone: ( )

CANADIAN ADDRESS *(Both Applicants)*			OUT-OF-COUNTRY ADDRESS *(Both Applicants)*		
Street Name & Number:		Apt # or Lot #:	Street Name & Number:		Apt # or Lot #:
City:	Province:	Postal Code:	City:	State:	Zip Code:
E-mail:		Phone: ( )	E-mail:		Phone: ( )

Please mail my insurance policy to my: ☐ Canadian Address ☐ Out-of-Country Address

C. RATE QUALIFICATION - PART 1

			APPLICANT 1 YES NO	APPLICANT 2 YES NO
1	**Have you EVER** had Congestive Heart Failure or Heart surgery of **ANY** kind (**including** Ablation, Coronary Bypass, Cardiac Pacemaker Implant, Cardiac Defibrillator Implant, Angioplasty and/or Stent)?	1	YES NO	YES NO
2	**During the 5 YEARS** prior to the date of this application, have you been treated for, taken or been prescribed medication for, or been diagnosed with:			
	a narrowing or blockage of **ANY** Artery (**including** Pulmonary Embolism [PE], Peripheral Vascular Disease [PVD] or Carotid Stenosis), an Aneurysm, a Heart Attack, **ANY** Heart Condition (**including** Atrial Fibrillation or Irregular Heartbeat) or Angina? The term "medication" includes Nitroglycerin in any form.	2a	YES NO	YES NO
	b Chronic Lung Disease (**including** Emphysema, Chronic Obstructive Pulmonary Disease [COPD] or Chronic Bronchitis)?	2b	YES NO	YES NO
	c a Stroke, a Transient Ischemic Attack (TIA), a Ministroke or Amaurosis Fugax (**excluding** treatment with aspirin)?	2c	YES NO	YES NO
3	**During the 3 YEARS** prior to the date of this application, have you been treated for, taken or been prescribed medication for, or been diagnosed with Chronic Bowel Disease or Disorder (**including** Crohn's Disease, Diverticulitis or Irritable Bowel Syndrome), Pancreatitis or Gastrointestinal Bleeding?	3	YES NO	YES NO
4	**During the 2 YEARS** prior to the date of this application, have you taken or been prescribed two (2) or more inhalers (**including** a rescue inhaler)?	4	YES NO	YES NO
5	**During the 12 MONTHS** prior to the date of this application, have you been treated for, taken or been prescribed medication for, or been diagnosed with Cancer or Malignant Tumours (**excluding** Basal Cell and Squamous Cell Skin Cancer)? The term "medication" **excludes** Tamoxifen and **ANY** other Hormone Treatment.	5	YES NO	YES NO
6	**During the 3 MONTHS** prior to the date of this application, have you taken or been prescribed:			
	a Corticosteroids (**including** Prednisone and Solu-Medrol) for more than 15 days (**excluding** inhalers, topical medications and eye drops)?	6a	YES NO	YES NO
	b **a total of 3 or more** medications for Diabetes (**including** Glucose Intolerance), Hypertension (High Blood Pressure) or both? The term "medication" includes diuretics (water pills).	6b	YES NO	YES NO
7	**Have you been diagnosed with** Lou Gehrig's Disease (ALS), Muscular Dystrophy, Myasthenia Gravis, Cerebral Palsy, Multiple Sclerosis or Dementia (**including** Alzheimer's Disease)?	7	YES NO	YES NO
8	**Do you HAVE** reduced Kidney function with an eGFR of less than 45 **and/or** Cirrhosis of the Liver?	8	YES NO	YES NO
9	**Do you HAVE** Diabetes requiring Insulin?	9	YES NO	YES NO

D. RATE QUALIFICATION - PART 2

			APPLICANT 1 YES NO	APPLICANT 2 YES NO
1	**Have you EVER** had narrowing or blockage of **ANY** Artery (**including** Pulmonary Embolism [PE], Peripheral Vascular Disease [PVD] or Carotid Stenosis), an Aneurysm, a Heart Attack, **ANY** Heart Condition (**including** Atrial Fibrillation or Irregular Heartbeat) or Angina?	1	YES NO	YES NO
2	**Have you EVER** had a Stroke, a Transient Ischemic Attack (TIA) or a Ministroke?	2	YES NO	YES NO
3	**Do you HAVE** Diabetes (**including** Glucose Intolerance) requiring medication?	3	YES NO	YES NO
4	**During the 2 YEARS** prior to the date of this application, have you been treated for, taken or been prescribed medication for, or been diagnosed with:			
	a a Blood Disorder by an Internist or a Hematologist?	4a	YES NO	YES NO
	b Epilepsy or any other Seizure Disorder (**including** an untreated episode)?	4b	YES NO	YES NO
	c Parkinson's Disease?	4c	YES NO	YES NO
	d Transient Global Amnesia?	4d	YES NO	YES NO
5	**During the 12 MONTHS** prior to the date of this application, have you had a Fainting Spell or a Syncopal Episode?	5	YES NO	YES NO
6	**During the 3 MONTHS** prior to the date of this application, have you taken or been prescribed:			
	a Anticoagulants (**excluding** aspirin)?	6a	YES NO	YES NO
	b Lasix or Furosemide?	6b	YES NO	YES NO
	c any Immunosuppressive Drugs (**excluding** Methotrexate)?	6c	YES NO	YES NO

WHICH PLAN DO YOU QUALIFY FOR?

If you answered **NO** to **ALL** of the questions in section C and D,	If you answered **NO** to **ALL** of the questions in section C but **YES** to **ANY** of the questions in section D,	If you answered **YES** to **ANY** of the questions in section C,
YOU QUALIFY FOR **THE PREFERRED PLUS PLAN**	YOU QUALIFY FOR **THE PREFERRED PLAN**	YOU QUALIFY FOR **THE STANDARD PLAN**

MEDIPAC Travel Insurance

NEED HELP? Call 1-888-MEDIPAC

1-888-633-4722 •(416) 441-7070 in the GTA • Fax # (416) 441-7030

Medipac Travel Insurance, 180 Lesmill Road, Toronto, ON M3B 2T5 • www.medipac.com

Underwritten by

Old Republic Insurance Company of Canada

In Quebec underwritten by Reliable Life Insurance Company

Administered by Medipac International Inc.

E. TRAVEL INFORMATION

APPLICANT 1	SINGLE TRIP DETAILS	APPLICANT 2

Must be completed even if topping up.

Date of Departure: Day: _____ Month: _____ Year: _____	☐ Same as applicant 1 Date of Departure: Day: _____ Month: _____ Year: _____
Scheduled Return Date: Day: _____ Month: _____ Year: _____	Scheduled Return Date: Day: _____ Month: _____ Year: _____

OTHER INSURANCE COVERAGE

If you have other Insurance with similar Out-of-Country Extended Health Benefits, provide details. Must be completed if topping up, or applying for Federal Superannuate Credit.

☐ I am a **Superannuate** and I request that my policy be issued with a deductible of $500,000 CAD for the first 40 days of my trip.	☐ I am a **Superannuate** and I request that my policy be issued with a deductible of $500,000 CAD for the first 40 days of my trip.
☐ I am **topping up** my other insurance and request that my Medipac Effective Date be: Day:____ Month:____Year:____ **Plan Type:** ☐ Credit Card (Provider:_____) ☐ Other	☐ I am **topping up** my other insurance and request that my Medipac Effective Date be: Day:____ Month:____Year:____ **Plan Type:** ☐ Credit Card (Provider:_____) ☐ Other

Name of Plan:	Number of days covered:	Name of Plan:	Number of days covered:
Insurance Company:	☐ Single Coverage ☐ Family Coverage	Insurance Company:	☐ Single Coverage ☐ Family Coverage
Policy #:	Certificate #	Policy #:	Certificate #

NUMBER OF DAYS APPLIED FOR (see rate tables for trip lengths)

3	6	9	12	15	18	21	24	27	30	33	36	40	50	60	66	75
82	90	96	105	112	120	126	135	142	150	156	165	175	183	190	200	212

3	6	9	12	15	18	21	24	27	30	33	36	40	50	60	66	75
82	90	96	105	112	120	126	135	142	150	156	165	175	183	190	200	212

23-DAY ANNUAL ADD-ON

Available only if you purchased a single trip of 22-24 days or longer.

☐ **I am applying for the Annual Add-on and wish for it to begin on:**	☐ **I am applying for the Annual Add-on and wish for it to begin on:**
☐ A. my Effective Date of Insurance. ☐ B. Day:____ Month:____ Year:____	☐ A. my Effective Date of Insurance. ☐ B. Day:____ Month:____ Year:____

For Option B, this date must be between the date your application is processed and your Effective Date of Insurance.

MEDIPAC PLUS

☐ **Yes** I would like to add MedipacPLUS.	☐ **Yes** I would like to add MedipacPLUS.

F. PREMIUM CALCULATION

Rate Category:	☐ **Preferred PLUS**		☐ **Preferred**		☐ **Standard**		**Rate Category:**	☐ **Preferred PLUS**		☐ **Preferred**		☐ **Standard**	
Select USD Deductible:	☐$0	☐$99	☐$1,000	☐$5,000	☐$10,000		**Select USD Deductible:**	☐$0	☐$99	☐$1,000	☐$5,000	☐$10,000	
Age at Departure:							Age at Departure:						
Single Trip Rate for Applicant 1:							Single Trip Rate for Applicant 2:						
SUBTRACT Total discount: (_____) %						–	**SUBTRACT** Total discount: (_____) %						–
ADD Annual Add-on Rate ***(if applicable)***:						+	**ADD** Annual Add-on Rate ***(if applicable)***:						+
Rate Subtotal:						=	**Rate Subtotal:**						=
ADD 10% if taking a $0 Deductible:						+	**ADD** 10% if taking a $0 Deductible:						+
Subtotal:						=	**Subtotal:**						=
ADD 20% if you have smoked cigarettes in the 3 years prior to the date of this application:						+	**ADD** 20% if you have smoked cigarettes in the 3 years prior to the date of this application:						+
SUBTRACT Federal Superannuate Credit ***(if applicable)***:						–	**SUBTRACT** Federal Superannuate Credit ***(if applicable)***:						–
ADD $59 for MedipacPLUS ***(if applicable)***:						+	**ADD** $59 for MedipacPLUS ***(if applicable)***:						+
SUBTRACT $25 for CSA's 25th anniversary *(applicable for 1 trip over 40 days):*						–	**SUBTRACT** $25 for CSA's 25th anniversary *(applicable for 1 trip over 40 days):*						–
Subtotal:						=	**Subtotal:**						=
Saskatchewan residents ONLY add 6% PST						+	**Saskatchewan residents ONLY** add 6% PST						+
Total Premium for Applicant 1:						=	**Total Premium for Applicant 2:**						=

G. PAYMENT OPTION

All premiums are in Canadian dollars

☐ **OPTION 1: Pay in Full.** **Make your cheque payable to Medipac Travel Insurance** or fill out the credit card information in Section I.	☐ **OPTION 2: Pay by Instalments.** *See instructions for details.* Include a void cheque or fill out the credit card information in Section I. *Not available for trips less than 41 days.*

THIS BOX IS FOR ADMINISTRATION USE ONLY

APPLICANT 1 POLICY #	CHECKED BY: _____ PROCESSED BY: _____	APPLICANT 2 POLICY #

NOTES: _____

H. DECLARATION/AUTHORIZATION

IMPORTANT NOTICE: This application must be completed, dated and signed in Canada prior to departure.

I certify that all answers and information provided by me in this application are true and complete to the best of my knowledge and belief. I understand that in applying for coverage under this policy, it is my responsibility to be aware of all my medical conditions. I agree that any false or misleading statement in the making of this application shall render any resulting policy NULL and VOID. Accordingly, should my health change at any time **between the date of this application and my Effective Date of Insurance**, I must contact Medipac International Inc. (Medipac). At that time, it will be determined whether I am still eligible for coverage and, if eligible, at what rate. **If I do not contact Medipac and my change in health is related to the conditions noted in this application, this will be considered a misrepresentation and my policy may be void or my claim denied. If I do not date this application, then the date on which Medipac receives this completed application will be considered as the Date Signed.**

The information collected on this application for insurance is required for the purposes of considering and, if approved, processing my application for travel emergency medical insurance and for administering the insurance, including but not limited to: administration and investigation of claims; determination of the validity of, and any duplication of, coverage; and the applicability of any exclusions which may extinguish or limit the right to insurance benefits. This information, and information in their existing insurance files, shall be used by and exchanged among Old Republic Insurance Company of Canada, Reliable Life Insurance Company, its reinsurers, Medipac, Medipac Assistance International Inc. (Medipac Assist) and any duly authorized agents of them, for all of these purposes. Medipac reserves the right to refuse any application.

I acknowledge receipt of, and confirm my agreement with, the NOTICE ON PRIVACY (included with this application).

I hereby authorize Medipac to use my name, address and e-mail in order to offer me additional products and services, but my consent to the use of my information for this additional purpose is optional. (If you do not wish your information to be used for this purpose, please call 1-888-633-4722.)

I hereby authorize any physician, practitioner, health-care provider, hospital, health-care institution, medical organization, clinic and any other medical or medically related facility, insurance company, Workers' Compensation Board or similar plan or organization and the Ministry of Health to release and exchange with Medipac, Medipac Assist, Old Republic Insurance Company of Canada and Reliable Life Insurance Company, or representatives thereof, my complete medical records, including medical treatment provided by my Primary Care Physician and treatment I received, am about to receive or may receive in the future. I authorize the period of 12 months from the date of my notice of claim as the period of access to, and disclosure of, my individually identifiable health information in accordance with the Canadian PIPEDA (Personal Information Protection and Electronic Documents Act) and U.S. HIPAA (Health Insurance Portability and Accountability Act) Privacy Practices. A photocopy of this authorization shall be as valid as the original.

I hereby acknowledge that I have read and understand the policy. I further acknowledge that the policy will exclude certain Pre-Existing Conditions that were not Stable and Controlled during the 90 days immediately prior to my requested Effective Date of Insurance (or any Departure Date under the Annual Add-on), including any reaction to a change in medication; or which required a total of three (3) or more Emergency Room visits, Hospitalizations, Day Surgeries or any combination of all three; and/or a single Hospitalization for more than 48 consecutive hours, in the 12 months prior to that date. I understand that the policy contains other exclusions (included with this application).

I further understand that all answers to all questions in this application must be and remain true up to and including the Effective Date of Insurance; otherwise, my coverage will be NULL and VOID.

DATE and SIGN below

X _____
Signature of Applicant 1

X _____
Signature of Applicant 2

_____
Applicant 1 - Print Name in Full

_____
Applicant 2 - Print Name in Full

X **Date Signed: Day _____ Month _____ Year _____**

I. CREDIT CARD PAYMENT OPTION

All premiums are in Canadian dollars

Cardholder Name:	☐ Visa	☐ MasterCard
Card #:	Expiry Date: Month:	Year:

☐ **Check here if, in the event of a claim, you would like your deductible (if any) charged to your credit card.**

Happy 25th Anniversary to the Canadian Snowbird Association!

To celebrate, Medipac is offering a $25 discount on any policy purchased between July 1, 2017 and August 14, 2017 with an initial departure date on or before June 30, 2018, and which exceeds 40 days. *Limit one $25 discount per person*

Special Early Bird Travel Insurance Discount – Save 5%

Receive a 5% discount when you purchase Medipac Travel Insurance (including short-term trips) by August 14, 2017. VALID ONLY FOR EARLY BIRD PURCHASERS

Loyalty Credit – Save up to 8%

Medipac is continually working to save money for our clients. As one of our loyal Medipac clients, you can now save up to 8% off your travel insurance. You will receive a 1% premium credit for each consecutive year in which you purchase Medipac, up to eight years for a total credit of 8%.

Note: If you were unable to travel due to personal reasons in any particular year, please advise us in writing. Medipac may still allow a Loyalty Credit.

Claim-Free Discount – Save up to 10%

Each year, thousands of Medipac clients qualify for substantial savings under our Claim-Free Discount program – saving hundreds, if not thousands of dollars! Our Claim-Free Discount recognizes up to 10 years of claim-free travelling. Medipac clients who have been Claim-Free for the past three consecutive years initially qualify for a 3% discount. For each additional and consecutive claim-free year, the discount increases by 1%, to a maximum of 10%.

Note: A claim less than your deductible is not considered a claim for discount purposes.

Combine the above discounts to save up to 23%.

Save up to 28% in PEI, Nunavut, the Northwest Territories and the Yukon, under our provincial discount program.

NEW to Medipac? You can save up to 10%, too!

As a NEW Medipac client, you may be eligible for Medipac's **Claim-Free Advantage Discount**. This is in addition to the 5% Early Bird Travel Insurance Discount.

If you have not been hospitalized, and/or have not made a travel medical insurance claim for the past three consecutive years, then you may be entitled to savings under this unique program.

Your discount will be based on the number of consecutive years in which you have not made a claim (with a minimum of three years), receiving 1% for each year for which you qualify, to a maximum of 5%. You must provide Medipac with a written statement confirming the number of years you have not been hospitalized and have remained claim-free.

Discounts do not apply to Annual Add-on Rates and/or MedipacPLUS.

Notice on Privacy

Privacy

Collecting personal information about You is essential to our ability to offer You high quality insurance products and service. The information provided by You will be used only for determining Your eligibility for coverage under the Policy, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that we must share Your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. We take great care to keep Your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If You have any questions about our privacy policy, please contact our privacy officer at 905-523-5587; by writing to : Privacy Officer, Old Republic Insurance Company of Canada/Reliable Life Insurance Company, P.O. Box 557, Hamilton, Ontario, L8N 3K9; or by email to privacy@oldrepublicgroup.com

Administration Fees

1. Change *(first change at no charge)*..... $20.00
2. NSF cheque..... $25.00
3. Rush Service *(overnight courier)*..... $25.00
   Two-day courier..... $15.00
4. Extension $10.00
5. Top-up..... FREE
6. Cancellation for medical reasons ..... FREE
7. Non-medical cancellation $50.00
8. Partial refund..... $20.00

23-Day Annual Add-on

Save time and money with Medipac's 23-day Annual Add-on

When you purchase any Medipac Travel Insurance policy that is greater than 22 days in length, you can save time when you upgrade your policy with Medipac's 23-day Annual Add-on by only having to apply once for travel insurance to cover all of the short trips you take during the year.

When you purchase the Annual Add-on, you will also **save money**! Coverage is for an unlimited number of trips outside Canada for up to 23 days in length, and up to 182 days in length within Canada, outside of your home province.

Need Separate Annual Coverage?

Simply buy a 22-24 day Medipac Travel Insurance Plan, add the Annual Add-on rate and indicate the date on which you wish your annual coverage to begin. It's that simple!

Did You Know that our provincial health insurance plans **DO NOT COVER** many emergency expenses incurred in Canada (outside your province of residence), such as medication, ambulance, paramedical services or air evacuations? Medipac does! Your Medipac policy also covers additional non-medical costs for all of your trips, including return of your vehicle, bringing a family member to your bedside, out-of-pocket expenses and emergency dental expenses.

Convenient Features

- You can choose to have your Annual Add-on begin at any time between your purchase date and your Effective Date.
- Extensions and top-ups are available for trips under your Annual Add-on.
- You are not required to notify Medipac before you depart on any short trip covered under your 23-day Annual Add-on. You are, however, required to provide **proof of your trip start date**, in the event of a claim.

Please remember that the Pre-Existing Condition clause* applies prior to each and every trip, so be certain that you are in compliance prior to travelling.

You must buy a minimum 22-24 day Single Trip Plan in order to purchase the Annual Add-on.

Annual Add-on rates can be found on all rate tables. The Annual Add-on can be used alone, extended or topped up for every other trip but cannot be used in combination with the Single Trip with which it is purchased.

*See *Pre-Existing Conditions*

MEDIPAC PLUS

SEVEN GREAT FEATURES! ONE LOW PRICE!

For the last few years clients have saved thousands of dollars by protecting their Claim Free Discount when they upgraded to the MedipacPLUS plan for only $59.

Many Medipac clients have already earned up to a 10% Claim-Free Discount; with the MedipacPLUS plan, that valuable discount can be protected in the event of a claim. Without MedipacPLUS, should you experience a claim, your discount will be reduced significantly.

Why take the chance? Upgrade to our MedipacPLUS plan!

Protect Your Claim-Free Discount

MedipacPLUS protects your Claim-Free Discount by forgiving the first claim that causes you to exceed your deductible during your trip – a small price to pay to extend your savings year after year.

Medical Evacuation Benefit

MedipacPLUS pays you $100 CAD per day to a maximum of 10 days, if Medipac returns you to Canada for medical reasons and you are hospitalized within three days of your return to Canada.

$5,000 Accidental Death Insurance

MedipacPLUS includes a $5,000 CAD death benefit that will be paid to your estate if you die as a result of accidental injury while you are on your MedipacPLUS-insured trip.

Pet Benefit

MedipacPLUS will reimburse you up to $750 to return your pet(s) to Canada if Medipac returns you to Canada for medical reasons, or if you have a claim under the MedipacPLUS Return to Canada benefit, you will be reimbursed the cost of boarding your pet(s) for one week to a maximum of $500 while you are in Canada.

Return To Canada Benefit

MedipacPLUS provides coverage for economy-class return airfare to a maximum of $2,000 to fly you from your vacation destination to Canada and back. In addition, this benefit provides coverage for ground transportation expenses:

- If a member of your immediate *family** who is not travelling with you dies after you leave your home, or
- If a natural disaster causes your principal residence to become uninhabitable after you leave home.

** as defined*

Policy Benefit Maximum Increases to $5,000,000 USD

MedipacPLUS increases the coverage amount of your Medipac policy from $2,000,000 to $5,000,000. *Certain provisions and exclusions apply. See Endorsement wordings for details.*

Excess Luggage Benefit

MedipacPLUS will reimburse up to $500 for the cost to return your excess luggage if Medipac returns you to Canada for medical reasons and you are unable to return your luggage to Canada by any other means.

If topping up another insurance policy, MedipacPLUS does not provide coverage until your Medipac Policy Effective Date.

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