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 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.
- All of the medical questions in sections A, C and D must be answered unless you are under the age of 56 and travelling for less than 41 days. Changes must be initialed.
- An application cannot be processed without specific departure and return dates.
- An application cannot be processed without specific departure and return dates. If you are unsure of your dates, select the dates and trip length that are closest to your estimated travel time period. When you have finalized your travel plans, call us before your departure date 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 section H. DECLARATION/AUTHORIZATION.

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? You must 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.

Before you submit your application, ensure that:

☐ All medical questions have been answered and any changes made to the application have been initialed 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 in 2 Equal Instalments (only available with payment by cheque for trips of more than 41 days):

- To take advantage of the 2-instalment option, include one cheque marked VOID (post-dated cheques are not required).
- The first of your 2 payments will be collected on the date your application is processed. The balance of your premium will be collected one month following that date.

Underwritten by Old Republic Insurance Company of Canada
A. ELIGIBILITY

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?
2. Have you been diagnosed with Pulmonary Fibrosis or Interstitial Lung Disease?
3. Have you EVER had an organ or bone marrow transplant (excluding cornea or skin graft) or a blood disorder for which you have received stem cell treatment?
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)?
5. Do you HAVE a Cardiac condition with an ejection fraction of LESS THAN 40% or a ventricular function grade of 3 or 4?
6. Do you HAVE Moderately Severe or Severe Cardiac Valve Stenosis?
7. Do you HAVE an Aneurysm greater than 4.5 cm in size (diameter or width) which remains surgically untreated?
8. During the 6 MONTHS prior to the date of this application, have you:
   a. undergone Chemotherapy for Cancer or Malignant Tumour(s)?
   b. had Cardiac Pacemaker Implant surgery, Coronary Bypass surgery or surgery on ANY artery?
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?
   b. had a Stroke, a Transient Ischemic Attack (TIA) or a Ministroke?
   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?
   d. taken or been prescribed Home Oxygen for any reason?
   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.

B. PERSONAL INFORMATION

Please Print

<table>
<thead>
<tr>
<th>APPLICANT 1</th>
<th>APPLICANT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Given Name and Surname:</strong></td>
<td><strong>Given Name and Surname:</strong></td>
</tr>
<tr>
<td><strong>Date of Birth:</strong> Day: Month: Year:</td>
<td><strong>Date of Birth:</strong> Day: Month: Year:</td>
</tr>
<tr>
<td><strong>Male ☐ Female ☐</strong></td>
<td><strong>Male ☐ Female ☐</strong></td>
</tr>
<tr>
<td><strong>Provincial Health Card #:</strong></td>
<td><strong>Provincial Health Card #:</strong></td>
</tr>
<tr>
<td><strong>Version Code:</strong> if any (ON only)</td>
<td><strong>Version Code:</strong> if any (ON only)</td>
</tr>
<tr>
<td><strong>Pre-retirement employer:</strong></td>
<td><strong>Pre-retirement employer:</strong></td>
</tr>
<tr>
<td><strong>Position:</strong></td>
<td><strong>Position:</strong></td>
</tr>
<tr>
<td><strong>Have you smoked cigarettes in the 3 years prior to the date of this application?</strong> Yes ☐ No ☐</td>
<td><strong>Have you smoked cigarettes in the 3 years prior to the date of this application?</strong> Yes ☐ No ☐</td>
</tr>
<tr>
<td><strong>Doctor’s Name:</strong></td>
<td><strong>Doctor’s Name:</strong></td>
</tr>
<tr>
<td><strong>Phone:</strong> ( )</td>
<td><strong>Phone:</strong> ( )</td>
</tr>
<tr>
<td><strong>Specialist’s Name (if any):</strong></td>
<td><strong>Specialist’s Name (if any):</strong></td>
</tr>
<tr>
<td><strong>Phone:</strong> ( )</td>
<td><strong>Phone:</strong> ( )</td>
</tr>
<tr>
<td><strong>Specialty Type:</strong></td>
<td><strong>Specialty Type:</strong></td>
</tr>
<tr>
<td><strong>Emergency Contact Person not travelling with you:</strong></td>
<td><strong>Emergency Contact Person not travelling with you:</strong></td>
</tr>
<tr>
<td><strong>Phone:</strong> ( )</td>
<td><strong>Phone:</strong> ( )</td>
</tr>
</tbody>
</table>

CANADIAN ADDRESS (Both Applicants)  OUT-OF-COUNTRY ADDRESS (Both Applicants, if applicable)

<table>
<thead>
<tr>
<th><strong>Street Name &amp; Number:</strong></th>
<th><strong>Apt # or Lot #:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City:</strong></td>
<td><strong>Postal Code:</strong></td>
</tr>
<tr>
<td><strong>Province:</strong></td>
<td><strong>City:</strong></td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td><strong>Zip Code:</strong></td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><strong>Phone:</strong> ( )</td>
</tr>
</tbody>
</table>

Please mail my insurance policy to my: ☐ Canadian Address ☐ Out-of-Country Address
### C. RATE QUALIFICATION - PART 1

<table>
<thead>
<tr>
<th></th>
<th>APPLICANT 1</th>
<th></th>
<th>APPLICANT 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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)?</td>
<td>1</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>2</td>
<td>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:</td>
<td>2a</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td></td>
<td>a narrowing or blockage of ANY Artery (including Pulmonary Embolism [PE], Peripheral Vascular Disease [PVD] or Carotid Stenosis), an Aneurysm, Pulmonary Hypertension, a Heart Attack, ANY Heart Condition (including Atrial Fibrillation or Irregular Heartbeat) or Angina? The term “medication” includes Nitroglycerin in any form.</td>
<td></td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td></td>
<td>b Chronic Lung Disease (including Emphysema, Chronic Obstructive Pulmonary Disease [COPD] or Chronic Bronchitis)?</td>
<td>2b</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td></td>
<td>c a Stroke, a Transient Ischemic Attack (TIA), a Ministroke or Amaurosis Fugax (excluding treatment with aspirin)?</td>
<td>2c</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>3</td>
<td>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 (excluding Colitis, Crohn’s Disease, Diverticulitis or Irritable Bowel Syndrome), Pancreatitis or Gastrointestinal Bleeding?</td>
<td>3</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>4</td>
<td>During the 2 YEARS prior to the date of this application, have you been taken or been prescribed two (2) or more inhalers (including a rescue inhaler)?</td>
<td>4</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>5</td>
<td>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.</td>
<td>5</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>6</td>
<td>During the 3 MONTHS prior to the date of this application, have you taken or been prescribed:</td>
<td>6a</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td></td>
<td>a Corticosteroids (including Prednisone and Solu-Medrol) for more than 15 days (excluding inhalers, topical medications and eye drops)?</td>
<td></td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td></td>
<td>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).</td>
<td>6b</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>7</td>
<td>Have you been diagnosed with Lou Gehrig’s Disease (ALS), Muscular Dystrophy, Myasthenia Gravis, Cerebral Palsy, Multiple Sclerosis or Dementia (including Alzheimer’s Disease)?</td>
<td>7</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>8</td>
<td>Do you HAVE reduced Kidney function with an eGFR of less than 45 or Cirrhosis of the Liver?</td>
<td>8</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>9</td>
<td>Do you HAVE Diabetes requiring Insulin?</td>
<td>9</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

### D. RATE QUALIFICATION - PART 2

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

### WHICH PLAN DO YOU QUALIFY FOR?

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

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

If you answered **YES** to **ANY** of the questions in section C, **YOU QUALIFY FOR THE STANDARD PLAN**

---

**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

Administered by Medipac International Inc.
### E. TRAVEL INFORMATION

If you are taking multiple trips, provide details on a separate piece of paper.

**APPLICANT 1 SINGLE TRIP DETAILS**

**APPLICANT 2**

*Must be completed even if topping up.*

**Date of Departure:**
- **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 **topping up** my other insurance and request that my **Medipac Effective Date be:**
- **Day:**_____
- **Month:**_____
- **Year:**_____

**Name of Plan:**
- 

**Number of days covered:**
- 

**Insurance Company:**
- 

**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 |

### ANNUAL ADD-ON

I am purchasing the **Annual Add-on:**
- **23-day**
- **33-day**

A. to start on my **Effective Date of Insurance,**

OR

B. to start on **Day:**_____ **Month:**_____

**Year:**_____

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

*You must buy a minimum 22-24 day trip to purchase the 23-day Annual Add-on or a minimum 31-33 day trip to purchase the 33-day Annual Add-on.*

### MEDIPAC PLUS

- Yes I would like to add MedipacPLUS.
- Yes I would like to add MedipacPLUS.

### F. PREMIUM CALCULATION

<table>
<thead>
<tr>
<th>Rate Category</th>
<th>Preferred PLUS</th>
<th>Preferred</th>
<th>Standard</th>
<th>Rate Category</th>
<th>Preferred PLUS</th>
<th>Preferred</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select USD Deductible:</td>
<td>$0</td>
<td>$99</td>
<td>$1,000</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$0</td>
<td>$99</td>
</tr>
</tbody>
</table>

**Age at Departure:**
- 

**Single Trip Rate for Applicant 1:**
- 

**SUBTRACT** Total discount: ( _____ ) %
- 

**ADD Annual Add-on Rate (if applicable):**
- 

**Rate Subtotal:**
- 

**ADD 10% if taking a $0 Deductible:**
- 

**Subtotal:**
- 

**ADD 20% if you have smoked cigarettes in the 3 years prior to the date of this application:**
- 

**SUBTRACT** Federal Superannuate Credit (if applicable):
- 

**ADD $59 for MedipacPLUS (if applicable):**
- 

**Total Premium for Applicant 1:**
- 

**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 in 2 Equal Installments.
  - 50% of your premium will be collected on the date your application is processed; the balance will be collected one month following that date. Include a VOID cheque with your application.
  - (Only available with cheque payments for trips of more than 41 days.)
**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 complete and accurate. I understand that in applying for coverage under this policy, it is my responsibility to be aware of my medical conditions and history, and I acknowledge that it is recommended that I review my medical records with my doctor to ensure the accuracy of the information I provide herein. I further understand that the Company will rely on the information I provide, and where it is determined that the information is misleading, contrary to my medical records and/or not accurate, my policy will be deemed 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 NULL and 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.

I acknowledge that 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, their 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 hereby authorize Medipac to use my personal information in order to offer me additional products and services, but my consent to the use of my information for this additional purpose is optional. Medipac’s Privacy Policy is available at www.medipac.com. (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 and Old Republic Insurance Company of Canada, 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.
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, P.O. Box 557, Hamilton, Ontario, L8N 3K9; or by email to privacy@oldrepublicgroup.com

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 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 18%.

Save up to 23% in PEI, Nunavut, the Northwest Territories and the Yukon, under our provincial discount program.

NEW to Medipac? You can save up to 5%, too!

As a NEW Medipac client, you may be eligible for Medipac’s Claim-Free Advantage 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.

Combine the above discounts to save up to 18%.

Save up to 23% in PEI, Nunavut, the Northwest Territories and the Yukon, under our provincial discount program.

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

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

Please remember that the Pre-Existing Condition clauses apply prior to each and every trip.
WHAT SHOULD I DO IN A MEDICAL EMERGENCY?
You MUST notify Medipac Assist PRIOR to seeking Medical Treatment.
1-800-813-9374 (U.S. and Canada)
416-441-6337 (collect or direct from all other locations). Failure to call will result in reimbursement of only 75% of all eligible Covered Expenses to a maximum of $25,000 USD

WHAT IS NOT COVERED

PRE-EXISTING CONDITIONS
This insurance does not provide benefits for any Medical Emergency concerning, relating to, caused by or arising from any of the following:
1. Any Pre-Existing Condition that has not been Stable and Controlled in the 90 days immediately prior to the Effective Date of Insurance or Your Trip Start Date. This includes any reaction that results from a change in medication prescribed for such a condition.

“Pre-Existing Condition” means any medical, physical or condition, symptom, illness or disease for which Medical Attention was received or for which an ordinarily prudent person would have sought Medical Attention prior to the Effective Date of Insurance or Your Trip Start Date.

“Stable and Controlled” means, during the 90 days immediately prior to the Effective Date of Insurance or Your Trip Start Date:
(a) the medical or physical condition, symptom, illness or disease did not first manifest itself; and/or
(b) the medical or physical condition, symptom, illness or disease was not first investigated; and/or
(c) the medical or physical condition, symptom, illness or disease has not worsened; and/or
(d) no change in any medication or its usage or dosage occurred, was prescribed and/or recommended by a Physician; and/or
(e) no Medical Attention was received, prescribed or recommended by a Physician.

“Medical Attention” means any medical, therapeutic or diagnostic procedure, service or supply that is prescribed, performed or recommended by a Physician, including but not limited to prescribed medication, investigative testing and surgery. Medical Attention does not include either the unchanged use of prescribed medication for a medical condition, symptom or problem which is stable and controlled; or a routine check-up. A change in medication does not apply to cholesterol lowering medication or to a change in any other medication from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If you are taking Coumadin (warfarin) or insulin and are required to have your blood levels tested on a regular basis and you are required to adjust the dosage of your medication only to ensure correct blood levels are maintained, such a change is not considered to be a change in medication, provided your medical condition remains unchanged.

2. Any medical or physical condition, symptom, illness or disease that, in the 12 months prior to Your Effective Date of Insurance or Your Trip Start Date, required:
   a) a total of three (3) or more Emergency Room visits, Hospitalizations, Day Surgeries or any combination of all three; and/or
   b) a single Hospitalization for more than 48 consecutive hours.

3. Any medical or physical condition, symptom, illness or disease for which treatment and/or investigation(s) was recommended but not received prior to Your Effective Date of Insurance or Your Trip Start Date.

GENERAL EXCLUSIONS
This insurance does not cover, provide services or pay claims resulting directly or indirectly from:
4. War, whether declared or not, any act of civil war, rebellion, insurrection or terrorism, participation in a riot, civil commotion or demonstration or service in the armed forces of any country.
5. Suicide, attempted suicide or self-inflicted Injury.
6. (a) Normal pregnancy; (b) normal childbirth; or (c) any complication, condition or symptom of pregnancy occurring within the last 18 weeks before the expected delivery date.
7. Any child born during a Trip.
8. A Trip that is undertaken to secure treatment, general health examinations or check-ups, or surgery as a purpose of the Trip.
9. Emotional, psychological or mental disease, disorder, condition or symptom.
10. Expenses for medical or surgical care which is primarily cosmetic, or for any treatment which is experimental.
11. Any expenses incurred due to any medical or physical symptom, illness or disease for which, prior to Your Trip Start Date, Medical Attention or a change in medication has been recommended or scheduled for a date after Your Trip begins.
12. Expenses for which no charge would normally be made in the absence of insurance.
13. Expenses for rehabilitation, the continued treatment, or complication of the medical condition which caused the Medical Emergency, once you are discharged from Hospital or once a Medical Emergency ends, as determined by the Company.
14. Any expenses incurred after the date on which the insured has declined an offer of repatriation and/or medical evacuation.
15. The commission or attempted commission of any criminal act by You.
16. Any treatment, services or supplies not Medically Necessary (as defined), or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by Medipac Assist in advance. All surgery must be authorized by Medipac Assist prior to being performed except in extreme circumstances where surgery is performed on an emergency basis immediately upon admission to a Hospital.
17. Emergency medical relocation unless arranged and approved in advance by Medipac Assist.
18. Any treatment, services or supplies provided by a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.
19. Any Hospital/medical benefits if you are not covered under the Government Health Insurance Plan of your Canadian province or territory of principal residence.
20. Any damage to or loss of: hearing aids, eyeglasses, sunglasses, contact lenses, artificial teeth or artificial limbs and resulting prescription thereof.
21. Any expenses that result from the abuse of drugs or alcohol, non-compliance with or the refusal to accept recommended medical treatment, or the abuse of prescribed medication (including non-compliance with or refusal to take prescribed medication).
22. Any expenses for regular treatment or regular care of a condition that existed prior to the Effective Date of Insurance or any expense in connection with general health examinations or regular check-ups.
23. Any expenses directly or indirectly incurred due to HIV/AIDS or AIDS-related complex.
24. A Heart, Lung, Liver, Kidney, Pancreatic or Bone Marrow Transplant.
25. Any expenses incurred during a Trip under the Annual Add-on for which proof of departure has not been provided.
26. Any expenses which result directly or indirectly from scuba diving, mountaineering, rock or precipice climbing, hang gliding, paragliding, sport parachuting, skydiving or bungee jumping.
27. Any expenses which result directly or indirectly from participation in speed or endurance contests and/or participation in athletic or sport activities for remuneration or prize money.
28. Any medical or physical condition, symptom, illness or disease for which the results of any test(s) and/or investigation(s) were not available prior to the Effective Date of Insurance or Your Trip Start Date.
29. Travel in a country or specific area for which, prior to Your Effective Date of Insurance or Your Trip Start Date, Foreign Affairs, Trade and Development Canada has issued a travel warning advising Canadian residents not to travel to that country or specific area.

Underwritten by
Old Republic Insurance Company of Canada.
If Your health changes at any time between Your Date of Application and Your Effective Date of Insurance, You must contact Medipac at 1-888-633-4722 right away. A reassessment for Your eligibility and rate qualification is required. Failure to contact Medipac may result in claim denial, or payment of only a portion of the Covered Expenses.

**Individuals Excluded from Coverage**

You cannot be covered by this policy, and all insurance coverage is null and void, and the liability of the Company will be limited to return of premium if:

1. Coverage is not purchased for the entire duration of Your Trip (unless otherwise expressly stated in this policy).
2. Coverage is applied for while outside Canada (with the exception of post-departure applications for extension of coverage).
3. Any material misrepresentation is made on the application or and/or if between Your Date of Application and Your Effective Date of Insurance:
   - You had been diagnosed as having a terminal illness, been advised by a Physician not to travel or had HIV, AIDS or AIDS-related complex.
   - You had been diagnosed with Pulmonary Fibrosis or Interstitial Lung Disease.
   - You had an organ or bone marrow transplant (excluding cornea or skin graft) or a blood disorder for which You received stem cell treatment.
   - You had a Cardiac condition with an ejection fraction of less than 40% or a ventricular function grade of 3 or 4.
   - You had Moderately Severe or Severe Cardiac Valve Stenosis.
   - You had an Aneurysm greater than 4.5 cm in size (diameter or width) which remains surgically untreated.
   - You underwent Chemotherapy for Cancer or Malignant Tumour(s).
   - You had Cardiac Pacemaker Implant surgery, Coronary Bypass surgery or surgery on any artery.
   - You 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.
   - You had a Stroke, a Transient Ischemic Attack (TIA), or a Ministroke.
   - You 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 had taken or been prescribed Prednisone or Solu-Medrol.
   - You had taken or been prescribed Home Oxygen for any reason.
   - You had taken or been prescribed Insulin or two (2) or more medications for Diabetes and medication for a Heart Condition. The term “medication” includes Nitroglycerin in any form.

If You are under the age of 56 and travelling for less than 41 days, items 4 to 17 do not apply.

**Misstatement**

If You misstate Your response to any question in section A of the application, then this policy is null and void. Where the Company has incurred expenses on Your behalf, You irrevocably assign Your premium to the Company; where the amount of premium is greater than the Company’s expenses, the difference shall be refunded to You.

If You misstate Your response in any other section of the application and, as a result, paid a lower premium than required, this policy will cover only the proportion of Covered Expenses that the premium paid bears to the required premium. You will be responsible for the remaining portion of Covered Expenses.

**PERIOD OF COVERAGE**

For the Single Trip Plan, Your insurance begins at 12:01 a.m. on Your Effective Date of Insurance as set out in Your application for insurance and cannot begin earlier unless You notify Medipac in advance. Your insurance ends on the earlier of:
- (a) 11:59 p.m. on the scheduled return date set out in Your application for insurance; and  
(b) the date You return to Canada for any medical reason. Once treatment ends You may apply to Medipac Assist to have Your policy reinstated. To be valid, a policy endorsement is required.

If, during the Single Trip Plan, You return to Your province or territory of residence for any other reason and resume travel, this insurance does not provide benefits for any Medical Emergency concerning, relating to, caused by or arising from any medical or physical condition for which You received Medical Attention while in Your province or territory of residence. The number of days You return to Your province or territory of residence cannot be refunded.

If You have purchased the Annual Add-on to the Single Trip Plan, then for every other Trip:

**1. Outside Canada**

Your insurance coverage begins at 12:01 a.m. on each day You leave Canada during the 365-day period following Your Effective Date of Insurance. Your coverage ends on the earlier of:
- (a) 365 days after Your Effective Date of Insurance; or  
(b) the date You return to Canada; or  
(c) 12:01 a.m. 23 days after the date You leave Canada (if You purchased the 23-day Annual Add-on); or  
(d) 12:01 a.m. 33 days after the date You leave Canada (if You purchased the 33-day Annual Add-on).

**2. Within Canada**

Your insurance coverage begins at 12:01 a.m. on each day You leave Your Canadian province or territory of principal residence. Your coverage ends on the earlier of:
- (a) 12:01 a.m. 182 days after the date You leave Your Canadian province or territory of principal residence; or  
(b) the date You return to Your Canadian province or territory of principal residence; or  
(c) 365 days after Your Effective Date of Insurance.

The period of coverage is subject to the automatic extension provision explained in “WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN ON MY SCHEDULED RETURN DATE?”

The insurance coverage must be purchased for the entire duration of Your Trip, unless otherwise expressly stated in this policy.

If You have purchased the Annual Add-on to the Single Trip Plan, You can extend any single 23-day Trip during Your policy’s 365-day period. When extending Your Annual Add-on, the same coverage type and deductible option MUST apply. Your Annual Add-on cannot be used in combination with Your Single Trip Plan.

**CHANGE IN DEPARTURE DATE**

For the Single Trip Plan, if there is a change in Your Date of Departure, notice MUST be provided to Medipac from within Canada prior to the Date of Departure shown in Your application. If You have purchased the Annual Add-on, You are not required to provide advance notice of Your Trip Start Date for every other Trip. However, evidence of these dates will be required at the time of claim.

**REFUND POLICY**

1. No refunds are available if a claim has been incurred.
2. The premium for the Annual Add-on cannot be refunded once coverage begins.
3. All refund requests must be made in writing from within Canada. All refund requests must be signed and dated by each individual applicant.
4. Premiums $50 or less will not be refunded.
5. Refunds will be made using the same method of payment in which the original transaction was completed.

A refund will be provided to an Insured in the following situations:

**FULL REFUND**
- the Insured or his/her Spouse is unable to travel due to Sickness or Injury (a Physician’s statement is required); or
- the Insured is unable to travel due to a death in the immediate family.

**FULL REFUND** less a $50 Administration Fee per person if prior to the Effective Date of Insurance:
- the policy is cancelled for any other reason.
- Cancellation of the Single Trip Plan will also terminate the Annual Add-on.

**PARTIAL REFUND** less a $20 Administration fee per person if:
- the Insured returns to Canada with at least 10 consecutive unused days remaining on their policy prior to the scheduled return date.
- A pro-rata refund will be calculated using the later of the postmarked date of the written request and the requested termination date.
- If You have purchased the 23-day (or 33-day) Annual Add-on, only the premium in excess of a minimum 22-24 day (or 31-33 day) Single Trip Plan will be eligible for a refund.
- Your request MUST include a statement that no claims have been incurred.

All requests for refunds can be mailed to:

Medipac Travel Insurance
180 Lesmill Road, Toronto ON M3B 2T5

**POLICY EXTENSIONS**

Extension of Coverage must be applied for and approved by Medipac at least 3 days prior to Your scheduled return date (or at least 3 days prior to the date Your Trip will end under the Annual Add-on, if applicable). In order to apply for an Extension of Coverage, You must be in good health and cannot have any medical condition for which surgery or Hospitalization is anticipated. No extensions are available if a claim has been incurred. To apply for an extension of coverage, call Medipac at 1-888-633-4722 toll-free from the U.S. or Canada or at (416) 441-7070 from other locations. A declaration of good health must be made before an extension can be issued. Extensions are available in trip length units as published. An Administration Fee per person, per extension, applies.

Underwritten by
Old Republic Insurance Company of Canada.
Great Reasons to Buy the Medipac® Program!

Easy Payment Option
Spread your premium over two easy, automatic payments directly from your bank account. Pay 50% of your premium when you apply and 50% one month later. Only available with cheque payments for trips of more than 41 days.

Short Term Travel
Hopping across the border for a little shopping or taking a 10-day cruise? Do not take a chance by travelling without Medipac insurance! Short Term and Long Term rates available.

New Client Incentives
Join the tens of thousands of seasoned travellers who choose Medipac every year. First time clients can earn up to 5% as a Claim-Free Discount. See enclosed.

Medipac Rewards
Earn discounts for your loyalty and claim-free status – up to 18%. Loyal clients can earn up to 8% with our Loyalty Credit, and up to another 10% if they remain claim free, with our Claim-Free Discount. See enclosed.

Medipac Annual Plans
Save time and money when you add our 23-day or our new 33-day Annual Add-on to your single trip plan. Provides coverage for any trip, up to 23 or 33 days. In addition, the Add-on covers travel within Canada for up to 182 days. See enclosed.

Pre-Existing Condition Coverage
Most clients with stable and controlled medical conditions can purchase Medipac and have full coverage for ALL such conditions. See enclosed.

MedipacPLUS
Protect your Claim-Free Discount and more than double your coverage for only $59. A must-have option! MedipacPLUS also includes 6 additional important benefits. See enclosed.

Superannuate Special
Retired civil servants, military personnel and retired RCMP officers who participate in the Public Service Health Care Plan can receive a premium credit and an upgraded 40-day annual plan at no extra cost.

Worldwide Emergency Assistance
Medipac’s trained medical professionals are only a phone call away, 24 hours a day, seven days a week. Medipac Assist is your lifeline to information, service and advice when travelling in a foreign country. Read what our satisfied clients say about Medipac on page 15.

Endorsed by the CSA and the Royal Canadian Legion
Medipac has been chosen as the exclusive Travel Insurance Partner of both the Canadian Snowbird Association and the Royal Canadian Legion. We’re proud to have earned their trust, and we hope to earn yours!