



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 initialled.
- 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*.



CHECKLIST



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 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.



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		APPLICANT 2	
			YES	NO	YES	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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you been diagnosed with Pulmonary Fibrosis or Interstitial Lung Disease?	2	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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?	3	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Do you HAVE Moderately Severe or Severe Cardiac Valve Stenosis?	6	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	Do you HAVE an Aneurysm greater than 4.5 cm in size (diameter or width) which remains surgically untreated?	7	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	b had Cardiac Pacemaker Implant surgery, Coronary Bypass surgery or surgery on ANY artery?	8b	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	b had a Stroke, a Transient Ischemic Attack (TIA) or a Ministroke?	9b	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	d taken or been prescribed Home Oxygen for any reason?	9d	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> 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			
Given Name and Surname:				Given Name and Surname:			
Date of Birth: Day: _____ Month: _____ Year: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth: Day: _____ Month: _____ Year: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Provincial Health Card #:		Version Code: <i>if any (ON only)</i>		Provincial Health Card #:		Version Code: <i>if any (ON only)</i>	
Pre-retirement employer:		Position:		Pre-retirement employer:		Position:	
Have you smoked cigarettes in the 3 years prior to the date of this application? Yes <input type="checkbox"/> No <input type="checkbox"/>				Have you smoked cigarettes in the 3 years prior to the date of this application? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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, if applicable)			
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: <input type="checkbox"/> Canadian Address				<input type="checkbox"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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, Pulmonary Hypertension, a Heart Attack, ANY Heart Condition (including Atrial Fibrillation or Irregular Heartbeat) or Angina? The term "medication" includes Nitroglycerin in any form.	2a	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b Chronic Lung Disease (including Emphysema, Chronic Obstructive Pulmonary Disease [COPD] or Chronic Bronchitis)?	2b	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	c a Stroke, a Transient Ischemic Attack (TIA), a Ministroke or Amaurosis Fugax (excluding treatment with aspirin)?	2c	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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 Colitis, Crohn's Disease, Diverticulitis or Irritable Bowel Syndrome), Pancreatitis or Gastrointestinal Bleeding?	3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Do you HAVE reduced Kidney function with an eGFR of less than 45 or Cirrhosis of the Liver?	8	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Do you HAVE Diabetes requiring Insulin?	9	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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, Pulmonary Hypertension, a Heart Attack, ANY Heart Condition (including Atrial Fibrillation or Irregular Heartbeat) or Angina?	1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Have you EVER had a Stroke, a Transient Ischemic Attack (TIA) or a Ministroke?	2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Do you HAVE Diabetes (including Glucose Intolerance) requiring medication?	3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b Epilepsy or any other Seizure Disorder (including an untreated episode)?	4b	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	c Parkinson's Disease?	4c	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	d Transient Global Amnesia?	4d	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	During the 12 MONTHS prior to the date of this application, have you had a Fainting Spell or a Syncopal Episode?	5	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	During the 3 MONTHS prior to the date of this application, have you taken or been prescribed:			
	a Anticoagulants or Antiplatelets (excluding aspirin)?	6a	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b Lasix or Furosemide?	6b	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	c any Immunosuppressive Drugs (excluding Methotrexate)?	6c	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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



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: _____

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: _____

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: _____

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

ANNUAL ADD-ON

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

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

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

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

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

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

Rate Category:	<input type="checkbox"/> Preferred PLUS	<input type="checkbox"/> Preferred	<input type="checkbox"/> Standard	Rate Category:	<input type="checkbox"/> Preferred PLUS	<input type="checkbox"/> Preferred	<input type="checkbox"/> Standard				
Select USD Deductible:	<input type="checkbox"/> \$0	<input type="checkbox"/> \$99	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	Select USD Deductible:	<input type="checkbox"/> \$0	<input type="checkbox"/> \$99	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$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):	+						
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 in 2 Equal Instalments. See instructions for details.
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.)

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.

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, P.O. Box 557, Hamilton, Ontario, L8N 3K9; or by email to privacy@oldrepublicgroup.com

Administration Fees

1. Change (<i>first change at no charge</i>).....	\$20.00
2. NSF cheque.....	\$25.00
3. Rush Service (<i>overnight courier</i>).....	\$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

Annual Add-on

Medipac offers two great options for frequent travellers: a 23-day Annual Add-on and a 33-day Annual Add-on.

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

When you purchase a single trip policy, you can save time when you upgrade your policy with Medipac's Annual Add-on; apply for your travel insurance once and cover all of the short trips you take during the year.

When you purchase the Annual Add-on, you will also save money! An Annual Add-on will give you the freedom to take an unlimited number of trips outside Canada for one low price. Depending on which Annual Add-on you choose, you can take an unlimited number of trips 23 or 33 days in length outside Canada, and trips up to 182 days in length within Canada, outside of your home province.

Need Separate Annual Coverage?

To get your 23-day or 33-day annual plan, simply buy either a 22-24 day or a 31-33 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!

To purchase a 23-day Annual Add-on you must buy a minimum 22-24 day single trip plan.

To purchase a 33-day Annual Add-on you must buy a minimum 31-33 day plan.

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 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 clauses apply prior to each and every trip (*see Pre-Existing Conditions*).

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.

The premium for the Annual Add-on cannot be refunded once coverage begins.

MEDIPAC PLUS+

EIGHT 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.

Relocation Benefit

MedipacPLUS will reimburse up to \$2,500 for temporary accommodations and transportation in the event a disaster caused by a hurricane, flood,

forest fire, sinkhole or earthquake causes your principal dwelling* to become uninhabitable.

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.

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.

** as defined*

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

\$ 59

THE FOLLOWING 2 PAGES CONTAIN IMPORTANT PORTIONS OF THE MEDIPAC TRAVEL INSURANCE POLICY.

For the complete policy wording, please call Medipac and ask for a copy of the Medipac Travel Insurance Guide or visit our website at www.medipac.com

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 or physical 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.

GENERAL LIMITATIONS

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 in connection with any claim for benefits under this policy.

and/or if between *Your* Date of Application and *Your Effective Date of Insurance*:

4. *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.
5. *You* had been diagnosed with Pulmonary Fibrosis or Interstitial Lung Disease.
6. *You* had an organ or bone marrow transplant (excluding cornea or skin graft) or a blood disorder for which *You* received stem cell treatment.
7. *You* had 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).
8. *You* had a Cardiac condition with an ejection fraction of less than 40% or a ventricular function grade of 3 or 4.
9. *You* had Moderately Severe or Severe Cardiac Valve Stenosis.
10. *You* had an Aneurysm greater than 4.5 cm in size (diameter or width) which remains surgically untreated.
11. *You* underwent Chemotherapy for Cancer or Malignant Tumour(s).
12. *You* had Cardiac Pacemaker Implant surgery, Coronary Bypass surgery or surgery on any artery.
13. *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.

14. *You* had a Stroke, a Transient Ischemic Attack (TIA), or a Ministroke.
15. *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.
16. *You* had taken or been prescribed Home Oxygen for any reason.
17. *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; (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*; (b) the date *You* return to Canada; (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; (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 only if, prior to the *Effective Date of Insurance*:

- 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!

