

TRAVEL UNDERWRITERS Application Form

ELIGIBILITY QUESTIONS Please answer the following questions to determine eligibility and rates.

Applicants wishing to purchase HMA, HMS or HMX may be required to answer applicable Eligibility Questions – please refer to the instructions below. Answers to applicable questions determine rate options. For definitions of Minor Ailment and Major Ailment, please refer to the Rate Card.

HMA

Persons 55 & under

No Eligibility Questions required – Rate Card Option A applies.

Persons 56-69

Rate Card Option A applies, or may answer Question #1 to determine if eligible for lower rate options.

- If the applicant answers "Yes" to Question #1, Rate Card Option A applies. If the applicant answers "No" to Question #1, Rate Card Option A applies, or continue to Question #2 for lower rate options.
- If the applicant answers "Yes" to Question #2, Rate Card Option B applies. If the applicant answers "No" to Question #2, Rate Card Option C applies.

Persons 70-80

May not be eligible to purchase this coverage – must answer Question #1 to determine eligibility.

- If the applicant answers "Yes" to Question #1, the applicant is not eligible to purchase this coverage. If the applicant answers "No" to Question #1, Rate Card Option A applies, or continue to Question #2 for lower rate options.
- If the applicant answers "Yes" to Question #2, Rate Card Option B applies. If the applicant answers "No" to Question #2, Rate Card Option C applies.

HMS & HMX

Persons 69 & under

No Eligibility Questions required – HMS or HMX rates apply.

Persons 70-89

May not be eligible to purchase this coverage – must answer Question #1 to determine eligibility.

- If the applicant answers "Yes" to Question #1, the applicant is not eligible to purchase this coverage. If the applicant answers "No" to Question #1, applicant is eligible to purchase this coverage.

QUESTIONS

Q1 – Question #1

Within the 12 months prior to the date of application have you taken or have you been advised to take a total of 3 or more prescribed medications (including inhalers, but excluding vitamins and minerals) for one or more medical conditions, other than a Minor Ailment or the following medical conditions: thyroid, glaucoma, allergies, eczema, heartburn, menopause, migraines and sleeping disorders?

Q2 – Question #2

Within the 12 months prior to the date of application, have you been treated (including the use of prescribed medication) or diagnosed with a Major Medical Condition?

Plans HMA, HMS, HMX, HMC - EMERGENCY EXCESS HOSPITAL/MEDICAL

HMA: Annual Worldwide including the U.S.A. **HMX:** Single-Trip Worldwide excluding the U.S.A.

HMS: Single-Trip Worldwide including the U.S.A. **HMC:** Single-Trip Travel within Canada

- Maximum Limit: \$2,000,000.
- Applicable to HMA, HMS and HMX - there is a \$250 US deductible. To buy out the deductible, add 15% to the premium. **Deductible Surcharge - Minimum \$5 / Maximum \$125**

ACCIDENT ONLY COVERAGE OPTION

To receive a premium discount, I hereby select the option for accident coverage only.

Insured(s) Initials: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Plan VIS - VISITORS TO CANADA EMERGENCY HOSPITAL/MEDICAL

- Insurance must be purchased within 60 days of arrival to Canada.

Arrival Date in Canada

YYYY/MM/DD

- There is a 48 hour waiting period on sickness.

- There is a \$100 CAD deductible. To buy out the deductible, add 15% to the premium.

Deductible Surcharge - Minimum \$5 / Maximum \$125

- Sum Insured Options: \$10,000 \$25,000 \$50,000 \$100,000 \$150,000

Policy No.

TRA/TRS

Agent Code	Travel Underwriters Authorization No. (If applicable)	
Application Date YYYY / MM / DD	Validation Time ____:____ PM. ____:____ A.M.	
Effective Date YYYY / MM / DD	Expiry Date YYYY / MM / DD	No. of Days
Top Up Coverage (Name of Plan to be topped-up)		No. of days of original plan
Address City/Province		
Postal Code	Area Code/Phone Number	Other (☐ Phone/ ☐ Fax/ ☐ Cel/ ☐ Email)

Plan ACCD - AIR FLIGHT/Common Carrier/24-HOUR ACCIDENT

- Air Flight/Common Carrier Accident Maximum Limit: \$100,000

- 24-Hour Accident Maximum Limit: \$15,000

- Beneficiary:

Plan CAR - RENTAL CAR PHYSICAL DAMAGE PROTECTION

- Maximum Limit: \$50,000 • \$100 CAD deductible

① INSURED INFORMATION - Please print clearly					② COVERAGE SECTION					③ RATE CALCULATION SECTION						④ TOTAL	
Name (Last)	(First)	Gender	Age	Birthdate	Plan	Q#1 Y/N	Q#2 Y/N	Annual Option (A,B,C)	Visitors Sum Insured	Single Trip Length	Daily Rate	Premium	Annual Trip Length	Premium	Deductible (+) Buyout	Accident Only (-) Discount	Premium
1.				YYYY/MM/DD						x	=						
2.				YYYY/MM/DD						x	=						
3.				YYYY/MM/DD						x	=						
4.				YYYY/MM/DD						x	=						
5.				YYYY/MM/DD						x	=						

The eligibility requirements for the plan applied for as set out in this application are material to the risk for which insurance is sought. If an applicant does not meet the eligibility requirements for the plan selected, or if there is any misrepresentation or concealment of or failure to disclose any facts or matters pertaining to an applicant and which are the subject of this application, then there shall be no insurance coverage provided to that applicant.

I hereby authorize any hospital, physician, medical related facility, or any other organization that has any records or knowledge of me, or my health, to provide the Company or World Wide Medicaid Services Ltd. such information if requested by them. A photocopy of this authorization shall be as valid as the original.

Applicable to Visitors to Canada: I have not seen a doctor nor been to the hospital since my arrival in Canada. I have no claims and am in good health at the present time and have no intention of claiming as of today's date and time.

X _____ **X** _____
 Policy Holder's Signature Agent's Signature

Administered by North American Air Travel Insurance Agents Ltd. dba Travel Underwriters, a licensed insurance broker. 11th Floor - 6081 No.3 Road, Richmond, BC V6Y 2B2 Canada. Insurance is underwritten by American Bankers Life Assurance Company of Florida, American Bankers Insurance Company of Florida, Industrial Alliance Pacific Life Insurance Company and certain Lloyd's Underwriters.

Agent's Name (please print)

Paid by: Cheque VISA Mastercard
 Cash Amex EnRoute/Diner's Club

Credit Card No.: _____

Authorized Signature _____

Expiry Date: _____ Authorization No.: _____

Top Up Surcharge \$ _____

Administration Fee \$ _____

Total Premium \$ _____

Total Paid \$ _____