

SECTION 1 ELIGIBILITY

To be eligible for coverage you must as of the effective date:

- a) be at least **15** days old; and
- b) be in *good health* at the time you purchase your policy and on the *effective date*, and know of no reason why you would seek medical attention during the period of coverage; and
- c) not be insured or eligible for benefits under a Canadian Government Health Insurance Plan (GHIP).

Coverage is **NOT AVAILABLE** to any individual who:

- a) has been diagnosed with a terminal illness; or
- b) has been diagnosed with or received *treatment* for pancreatic cancer, liver cancer or any type of cancer that has metastasized (migrated to another organ from its original site); or
- c) has been prescribed or used home oxygen in the last **12** months; or
- d) has been diagnosed with or received *treatment* for congestive heart failure; or
- e) has had a major organ transplant (heart, kidney, liver, lung); or
- f) has received kidney dialysis *treatment* in the last **12** months.

SECTION 2 APPLICANT INFORMATION (if additional space for dependents is required, please attach the information on a separate sheet)

| Last Name | First Name | Date of Birth (dd/mm/yy) |
|-----------|------------|--------------------------|
| 1 | | |
| 2 | | |
| 3 | | |

Address in Canada _____ Apt _____

City _____ Prov. _____ Postal Code _____ Phone () _____

Arrival Date (dd/mm/yy) _____ Effective Date (dd/mm/yy) _____ Expiry Date (dd/mm/yy) _____ Number of Days _____

Date of application (dd/mm/yy) _____ Country of Origin _____ Previous Policy Number (for renewals only) _____

Beneficiary in case of death _____ Email _____

Do you require coverage for work permit and/or immigration purposes? Yes No

SECTION 3 PREMIUM CALCULATION

| Coverage Option (Check one option only) | <input type="radio"/> \$10,000 | <input type="radio"/> \$25,000 | <input type="radio"/> \$50,000 | <input type="radio"/> \$100,000 | <input type="radio"/> \$150,000 | <input type="radio"/> \$300,000 | Applicant 1 or Family (2x daily rate) | Applicant 2 | |
|--|---|---------------------------------------|--|------------------------------------|---------------------------------|---------------------------------|---------------------------------------|-----------------------|--|
| Age 0 to 79 | Option 1: Includes Coverage for <i>Stable Pre-existing Medical Conditions</i> | | | | | | <input type="radio"/> | <input type="radio"/> | |
| | Option 2: No coverage for Any <i>Pre-existing Medical Conditions</i> | | | | | | <input type="radio"/> | <input type="radio"/> | |
| Age 80+ | No coverage for Any <i>Pre-existing Medical Conditions</i> | | | | | | <input type="radio"/> | <input type="radio"/> | |
| | Daily Rates | | | | | | | | |
| | Number of days | | | | | x | | | |
| | Subtotal | | | | | = | | | |
| Deductible Option (ages 0 to 85 only): | <input type="radio"/> \$250 (-10%) | <input type="radio"/> \$500 (-15%) | <input type="radio"/> \$1,000 (-20%) | | | | | | |
| | <input type="radio"/> \$2,500* (-30%) | <input type="radio"/> \$5,000* (-35%) | <input type="radio"/> \$10,000* (-40%) | *Not applicable to \$10,000 Option | | | | | |
| Combined Total for Applicant 1 and 2 | | | | | | | | | |

SECTION 4 PAYMENT

Cheque Make payable to The Destination: Travel Group Inc. **Visa** **Mastercard**

Cardholder's Name _____

Cardholder's Number _____ Expiry Date MM / YY _____

Your agent will be contacting you for the CVV# (3 digit number on the back of your card)

Signature of Cardholder

The applicant(s) confirm that they are eligible for coverage, in *good health* and that they know of no reason for which they may seek medical attention. The applicant(s) confirms that currently no circumstance is known for which a claim may be made.

Signature on behalf of applicant(s)

SECTION 5 BROKER / AGENCY INFORMATION (BROKER USE ONLY)

Broker ID _____ Broker Name _____

OPTION 1

Daily Rate - \$0 Deductible

This option provides coverage for *pre-existing medical conditions* that were *stable* in the 120 days prior to the *effective date*

| Age | SUM INSURED | | | | | |
|-------|-------------|----------|----------|-----------|-----------|-----------|
| | \$10,000 | \$25,000 | \$50,000 | \$100,000 | \$150,000 | \$300,000 |
| 0-25 | \$1.78 | \$2.42 | \$2.65 | \$3.57 | \$4.44 | \$7.20 |
| 26-40 | \$2.01 | \$2.65 | \$2.88 | \$4.14 | \$5.04 | \$7.80 |
| 41-60 | \$2.24 | \$3.11 | \$3.57 | \$5.29 | \$6.60 | \$9.90 |
| 61-64 | \$2.88 | \$4.31 | \$5.18 | \$6.21 | \$7.68 | \$11.04 |
| 65-69 | \$3.28 | \$4.83 | \$5.75 | \$7.94 | \$8.88 | \$13.08 |
| 70-74 | \$5.18 | \$6.73 | \$9.64 | \$10.93 | \$14.09 | \$20.27 |
| 75-79 | \$6.33 | \$7.94 | \$11.21 | \$13.57 | \$16.10 | \$23.44 |

OPTION 2

Daily Rate - Age 0 to 85 - \$0 Deductible / Age 86 and older - \$500 Deductible

This option **does not provide** coverage for any *pre-existing medical conditions*.

| Age | SUM INSURED | | | | | |
|-------|-------------|----------|----------|-----------|-----------|-----------|
| | \$10,000 | \$25,000 | \$50,000 | \$100,000 | \$150,000 | \$300,000 |
| 0-25 | \$1.22 | \$1.66 | \$1.82 | \$2.45 | \$2.92 | \$4.73 |
| 26-40 | \$1.47 | \$1.94 | \$2.11 | \$3.02 | \$3.78 | \$5.86 |
| 41-60 | \$1.68 | \$2.33 | \$2.68 | \$3.80 | \$4.75 | \$7.12 |
| 61-64 | \$1.97 | \$2.95 | \$3.55 | \$4.25 | \$5.28 | \$7.59 |
| 65-69 | \$2.25 | \$3.31 | \$3.94 | \$5.44 | \$6.11 | \$9.00 |
| 70-74 | \$3.55 | \$4.61 | \$6.60 | \$7.49 | \$9.19 | \$13.22 |
| 75-79 | \$4.34 | \$5.44 | \$7.68 | \$9.29 | \$10.50 | \$15.29 |
| 80-85 | \$6.35 | \$9.88 | \$10.64 | N/A | N/A | N/A |
| 86+ | \$9.79 | \$15.23 | N/A | N/A | N/A | N/A |

- Family Rates (only available to applicants under age 70) are 2X the Daily Rates based on the oldest member of the family. Coverage dates must be the same for all the family members.
- Minimum premium of \$25 per policy.
- Words shown in italics are defined in Section 6.

Pre-existing medical condition coverage

- If you are **79 years of age or under** on the application date and selected **Option 1**:
Pre-existing medical conditions are covered provided that those *medical conditions* have been *stable* in the 120 days immediately before the *effective date*.
- If you are **79 years of age or under** on the application date and selected **Option 2**:
All *pre-existing medical conditions* will be excluded from coverage.
- If you are **80 years of age or over** on the application date:
All *pre-existing medical conditions* will be excluded from coverage.

Waiting Period

Age 0 to 85

- If the insurance was purchased prior to your arrival date in Canada, the "waiting period" does not apply or,
- If this insurance is purchased any time after your arrival in Canada, then in respect of any sickness you will only be entitled to receive benefits for the cost of eligible medical expenses incurred after the first 48 hours from the *effective date* of the policy.

Age 86 and over

- If the insurance was purchased prior to arrival date in Canada, the "waiting period" does not apply.
- If the insurance is purchased after your arrival date in Canada, then in respect of any sickness you will only be entitled to receive benefits for the cost of eligible medical expenses incurred after fifteen (15) days from the *effective date* of this policy.

The waiting period may be waived if:

- This policy is purchased on or prior to the expiry date of an existing Destination: Canada policy.
- If you have insurance with another insurer during the first part of your trip in Canada, and you are purchasing this insurance after your arrival in Canada and there will be no gap in coverage. You must provide satisfactory proof that you have other coverage in force and receive a written approval from the Insurer.

SECTION 6 DEFINITIONS

Chronic condition is a long-lasting health condition or disease that requires ongoing medical attention and/or is constantly recurring.

Effective date means the date and time coverage starts. Coverage begins on the **latest** of the following:

- the date and time the completed application and premium are accepted by The Destination: Travel Group Inc. or its agent; or
- the date indicated as the *effective date* in your confirmation of coverage; or
- the date and time you exit your country of origin.

Good health means you do not have any reason to seek medical attention with the exception of regular care of a *chronic condition* or medical evaluation required to satisfy travel visa requirements throughout the period of coverage.

Medical condition means sickness, injury, disease or symptom.

Pre-existing medical condition means any *medical condition* that exists prior to your *effective date*.

Signs or symptoms means any evidence of sickness experienced by you or recognized through observation.

Stable means a *medical condition* that is considered *stable* when all of the following statements are true:

- there has not been any new *treatment* prescribed or recommended, or change(s) to existing *treatment* (including a stoppage in *treatment*); and
- there has not been any change in medication, or any recommendation or starting of a new prescription drug, and
- the *medical condition* has not become worse, and
- there has not been any new, more frequent or more severe *signs or symptoms*, and
- there has been no hospitalization or referral to a specialist, and
- there have not been any tests, investigation or *treatment* recommended, but not yet complete, nor any outstanding test results, and
- there is no planned or pending *treatment*.

All of the above conditions must be met for a *medical condition* to be considered *stable*.

Treatment means medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician including, but not limited to, prescribed medication, investigative testing and surgery. **Important:** Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

SECTION 7 DECLARATION AND AUTHORIZATION

PLEASE READ, SIGN, AND DATE AT THE BOTTOM.

I acknowledge that I have met all the eligibility requirements under Section I and the answers I have provided are truthful and accurate and, if in doubt, I consulted my physician.

I understand that the application constitutes part of the contract provided by the insurer and acknowledge that any misrepresentations or non-disclosure of medical status will result in non-payment of a claim, and at the option of the insurer, may render coverage null and void.

I understand that if my health status changes prior to my *effective date*, which makes me no longer eligible for this policy, I must contact The Destination: Travel Group Inc. immediately and upon submission of proof of ineligibility, I will receive a full refund.

I understand that I must read the policy which details the terms and conditions of coverage including limitations and exclusions, prior to my *effective date* and, if I have questions, I will contact The Destination: Travel Group Inc.

Medical Authorization in Case of Claim – I understand that Manulife and Active Care Management may investigate my claim. By signing this application, I hereby direct and authorize any physician, health care practitioner, hospital or other medical care facility, pharmacy, the Ministry of Health or any other person who has attended or examined me or who has knowledge or records of me or my health, to furnish to The Destination: Travel Group Inc. / Manulife and to Active Care Management any or all information with respect to any illness, injury, medical history (excludes genetic tests which analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis), consultations, medicines or treatment and copies of all hospital and/or medical records for the purpose of investigating my claim.

My personal information is also collected for the purpose of providing insurance services, claims and payments. I understand I must read the Privacy Information Notice contained in the policy document for further details.

Signature on behalf of applicant(s)

Date (dd/mm/yy)



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