

**Name and Canadian Address**

**How to apply for coverage**

**Online** at [travelinsuranceoffice.com](http://travelinsuranceoffice.com)  
**Call** us at 1-800-550-1295  
**Mail** this application to:  
 190 Bullock Dr. Suites 1&2 Markham ON L3P 7N3  
**Scan & Email** this application to:  
[tc@travelinsuranceoffice.com](mailto:tc@travelinsuranceoffice.com)

First Applicant's name:

Second Applicant's name:

Date of birth:    Month            Day            Year    Age on application date:

Date of birth:    Month            Day            Year    Age on application date:

Home or cell phone:

Home or cell phone:

Email:

Email:

Out-of-country-address and phone number:

### Eligibility Requirements

- If you require assistance with this application, our contact information is on page 4.
- All applicants:** You must be at least 15 days old and no more than 89 years old on the date coverage begins, be insured under a Provincial or Territorial Government Health Insurance Plan during the period of coverage, and complete the eligibility questions below.
    - For each of the eligibility questions below, check either "Yes" or "No".
    - Do NOT count Aspirin or Entrophen as *treatment* when answering the eligibility questions.
    - The definitions of all italicized key terms are on page 4 of this application.
  - Applicants age 15 days to 55 years old:** If you answer "No" to the eligibility questions below, you qualify for Rate Table 1 "Lucky Duck".
  - Applicants age 56-89:** If you answer "No" to all of the eligibility questions below, complete the Health Score Questionnaire on page 2.

<b>IMPORTANT: Any misrepresentation of your health may result in the non-payment of your claim.</b>		Applicant 1	Applicant 2
1. Has your <i>physician</i> advised you not to travel or have you been diagnosed with a <i>terminal illness</i> ?	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you need assistance with dressing, eating, bathing, using a toilet, or changing positions due to an ongoing medical condition?	2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have <b>any</b> of the following medical conditions: a) pulmonary fibrosis b) congestive heart failure c) kidney disease requiring dialysis d) an aneurysm that is larger than 4.5 cm in diameter or width	3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you <b>ever had or are awaiting</b> a stem cell, bone marrow, heart, kidney, liver, or lung transplant?	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the <b>5 years</b> before your application date, have you had metastatic cancer OR <b>2 or more</b> cancers (excluding basal cell or squamous cell skin cancer or breast cancer treated only with hormone therapy)?	5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. In the <b>12 months</b> before your application date, have you been: a) prescribed or used home oxygen or taken prednisone for a lung condition b) diagnosed with cancer, had a positive biopsy or had chemotherapy, radiation therapy, or cancer surgery (excluding basal cell or squamous cell skin cancer)	6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. In the <b>12 months</b> before your application date, have you been admitted to a <b>hospital</b> because of <b>any</b> of the following (excluding routine monitoring): a) a heart condition (excluding a pacemaker battery change) b) a stroke or mini-stroke or Transient Ischemic Attack (TIA) c) a lung condition (including pneumonia) d) a kidney condition (excluding kidney stones)	7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered "Yes" to any question above, you are not eligible for coverage. Call Travel Insurance Office Inc.**  
**If you answered "No" to every question above, complete the Health Score Questionnaire on the next page.**

- Instructions**
- For each “Yes” answer, enter the required number of **Health Score** points.
  - Your **Health Score** determines which rate table to use.
  - If you score 100 points or more, you are not eligible for coverage. Please call **Travel Insurance Office Inc.**
  - Do NOT count Aspirin or Entrophen as treatment when answering the medical questionnaire.

**IMPORTANT: Any misrepresentation of your health may result in the non-payment of your claim.**

Applicant 1      Applicant 2

1. In the <b>3 years</b> before your application date, have you been diagnosed with, been prescribed or taken medication, had <i>treatment</i> , or had surgery for any of the following:				
a) Diabetes requiring insulin	1a	Yes=50		
b) Diabetes requiring medication other than insulin	1b	Yes=25		
c) Any heart condition	1c	Yes=40		
d) Alzheimer's or dementia	1d	Yes=30		
e) Aneurysm that is 4.5 cm or less in diameter or width	1e	Yes=30		
f) <b>One or more</b> of the following bowel diseases and disorders: • Crohn's                      • Colitis                              • Diverticulitis • Bowel obstruction      • Gastro-intestinal bleeding      • Irritable bowel syndrome (IBS)	1f	Yes=30		
g) Cirrhosis of the liver	1g	Yes=30		
h) High blood pressure requiring <b>3 or more</b> medications (including any water pill)	1h	Yes=30		
i) Any lung condition (including use of inhalers, excluding pneumonia and a <i>minor ailment</i> )	1i	Yes=30		
j) Multiple Sclerosis	1j	Yes=30		
k) Pancreatitis	1k	Yes=25		
l) Peripheral vascular disease/PVD (including carotid artery stenosis)	1l	Yes=30		
m) Stroke or mini-stroke or Transient Ischemic Attack (TIA)	1m	Yes=30		
n) Parkinson's	1n	Yes=25		
o) Blood clot	1o	Yes=20		
p) Blood disorder	1p	Yes=10		
q) Gallbladder disease or gallstones (unless gallbladder was removed)	1q	Yes=10		
r) Kidney condition (excluding kidney stones)	1r	Yes=10		
s) Epilepsy or a seizure	1s	Yes=5		
2. Have you <b>ever</b> had a heart condition, aneurysm, stroke or mini-stroke or Transient Ischemic Attack (TIA) or peripheral vascular disease/PVD (including carotid artery stenosis)?	2	Yes=10		
3. In the <b>12 months</b> before your application date have you:				
a) Had cancer (excluding basal cell or squamous cell skin cancer & cancer treated only with hormone therapy)	3a	Yes=25		
b) Taken Lasix or Furosemide for leg or ankle swelling	3b	Yes=10		
c) Sought <i>treatment</i> for dizziness or fainting	3c	Yes=5		

**TOTAL HEALTH SCORE: Add up your points (If you did not score any points, enter 0.)**

**HEALTH SCORE**

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If Your Health Score is	You Qualify for Rate Table	Pre-existing Medical Conditions are covered if stable for:
0 points	1	90 days before your coverage begins
1-9 points	2	90 days before your coverage begins
10-29 points	3	90 days before your coverage begins
30-99 points	4	90 days before your coverage begins
100 points or more	You are <u>not</u> eligible for coverage. Please call.	

# Application Page 3 – Premium Calculation

- A) Your departure date from Canada (coverage begins at 12:01 AM)
- B) The date you want coverage to begin  
(If topping up other coverage, coverage begins at 12:01 AM)
- C) Your expiry date of coverage (coverage ends at 11:59 PM)
- D) Number of days required for a single trip, or if adding days to an annual plan, or if topping up other coverage
- E) Rate Table used (check  one box)
  - Applicants age 15 days to 55 years old qualify for rate table 1
  - Applicants age 56-89 must complete the Health Score Questionnaire on page 2 to determine which Rate Table to use  
(Premiums are based on your age when you apply for coverage)
- F) Option: If purchasing an annual plan, check  one box  
(Not available if topping up other coverage)
- G) Option: Enter your annual plan rate from the brochure (before discount)
- H) Enter your daily rate from the brochure (before discount)
- I) Multiply the number of days required by your daily rate (boxes D x H)
- J) Sub-total: Add boxes G + I
- K) Tobacco users: ADD 20% if you used tobacco products in the 3 years before your application date
- L) Option: There is a \$99 USD deductible. If you want a different deductible check  one box. All deductibles are in USD dollars.
- M) Sub-total: Box J (include adjustments from boxes K and L if applicable)
- N) Discount: Deduct any applicable discount from box M
- O) PREMIUM DUE: Less any deposit (minimum \$20 CAD per person)

	Applicant 1	Applicant 2
A)	Month Day Year	Month Day Year
B)	Month Day Year	Month Day Year
C)	Month Day Year	Month Day Year
D)	Days	Days
E)	<input type="checkbox"/> Rate Table 1 <input type="checkbox"/> Rate Table 2 <input type="checkbox"/> Rate Table 3 <input type="checkbox"/> Rate Table 4	<input type="checkbox"/> Rate Table 1 <input type="checkbox"/> Rate Table 2 <input type="checkbox"/> Rate Table 3 <input type="checkbox"/> Rate Table 4
F)	<input type="checkbox"/> 5-day <input type="checkbox"/> 15-day <input type="checkbox"/> 25-day <input type="checkbox"/> 35-day	<input type="checkbox"/> 5-day <input type="checkbox"/> 15-day <input type="checkbox"/> 25-day <input type="checkbox"/> 35-day
G)	\$	\$
H)	\$ per day	\$ per day
I)	\$	\$
J)	\$	\$
K)	\$	\$
L)	<input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$500 (-10%) <input type="checkbox"/> \$1,000 (-15%) <input type="checkbox"/> \$2,500 (-20%) <input type="checkbox"/> \$5,000 (-35%) <input type="checkbox"/> \$10,000 (-50%)	<input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$500 (-10%) <input type="checkbox"/> \$1,000 (-15%) <input type="checkbox"/> \$2,500 (-20%) <input type="checkbox"/> \$5,000 (-35%) <input type="checkbox"/> \$10,000 (-50%)
M)	\$	\$
N)	\$	\$
O)	\$	

## Declaration & Authorization

Please read, sign, and date at the bottom.

- I declare that I meet the eligibility requirements for the rate table chosen. The answers I have provided are truthful and accurate. If unsure, I have contacted my physician.
- I understand that any misrepresentation or failure to disclose any material fact may void the policy.
- I understand that it is my responsibility to review my policy to understand the coverage and exclusions, including the pre-existing condition exclusion.
- I understand that if my health changes prior to my departure date, I must contact Travel Insurance Office Inc. to determine how this will affect my coverage.
- I authorize the disclosure of my personal and health information in the event that I have a claim.
- I understand the application is subject to Travel Insurance Office Inc.'s privacy policy. By signing the declaration, I confirm that I have read and accept the terms and conditions of the Privacy Policy found on page 4.

**X**

First Applicant's signature

Date

**X**

Second Applicant's signature

Date

Send policy, receipt, and wallet cards to:  Home address  Email

Payment option 1: Pay by cheque. Please make your cheque payable to: **Travel Insurance Office Inc.**

Payment option 2: Paying by Visa, MasterCard, or American Express? For your protection, a Licensed Insurance Agent will call you to process payment, when your application is received.

# Application Page 4 – Definitions of Key Terms Used in this Application

(These defined terms are italicized in the Application and may appear in the Policy.)

**Minor ailment** means an illness, disease, or injury which ended more than 30 days prior to the date coverage was to begin, as shown on the confirmation of coverage and which did not require:

- a) *treatment* for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a *physician*; or
- c) hospitalization, surgery, or referral to a specialist.

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

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

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

The following are considered stable:

- a) Routine adjustment of insulin, Coumadin or Warfarin as long as the insulin, Coumadin or Warfarin is not first prescribed in the 90 days prior to the date coverage begins as shown on your confirmation of coverage and, if you have multi-trip annual coverage, the 90 days prior to each separate trip that begins when you depart from your province or territory of residence.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the 90 days prior to the date coverage begins as shown on your confirmation of coverage and, if you have multi-trip annual coverage, the 90 days prior to each separate trip that begins when you depart from your province or territory of residence.
- c) A *minor ailment*.

**Terminal illness** means a medical condition that is cause for a *physician* to estimate that you have less than 24 months to live or for which palliative care was received prior to the date coverage began.

**Treatment** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing that results in a diagnosis of a specific medical condition or surgery.

## Privacy Consent Notice

By submitting the requested information, which may include, but is not limited to, name, address, date of birth, driver's licence number, medical information, financial information, driving record, automobile insurance policy history, and automobile insurance claims history, you are providing consent to Travel Insurance Office Inc. for the collection, storage, use, disclosure, and processing of your personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to, risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. You are also providing consent to Travel Insurance Office Inc. for the disclosure of your personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services ("Third Parties"). Additionally, by providing information about a third party, including but not limited to, a family member, director, officer, employee, or any party that has an interest in or derives a benefit from the policy, you hereby covenant and warrant that you have obtained the appropriate consent from such third party to disclose their personal information to Travel Insurance Office Inc. and for Travel Insurance Office Inc. to use and disclose such information for any of the above-stated purposes.

Travel Insurance Office Inc. is committed to protecting the privacy and confidentiality of information provided. Your personal information may be processed by and is securely stored within the offices of Travel Insurance Office Inc. and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws. Travel Insurance Office Inc. may retain your personal information as needed for any of the above-stated purposes or as necessary to comply with Travel Insurance Office Inc.'s legal and regulatory obligations, resolve disputes, and enforce Travel Insurance Office Inc.'s agreements.

You may refuse to consent or withdraw your consent to the collection, storage, use, disclosure or processing of your personal information; however, your refusal to provide consent may result in Travel Insurance Office Inc. being unable to offer and administer insurance coverage or prevent Travel Insurance Office Inc. from being able to pay any claim benefits payable under your policy.

Please contact the Travel Insurance Office Inc. if you require further information regarding the collection, use, disclosure, processing and storage of your personal information. For more information you may also review our Privacy Policy online at [secure2.travelinsuranceoffice.com/privacy-policy](https://secure2.travelinsuranceoffice.com/privacy-policy)



**Travel Insurance Office Inc. TIO**

**Our office is closed to walk-in visitors**

**Office hours: Monday to Friday 9 AM to 5 PM (ET)**

Ontario.....1-800-550-1295

Western Canada.....1-888-550-1295

Atlantic Canada.....1-877-550-1295

Travel Insurance Office Inc.

190 Bullock Dr Suites 1 & 2

Markham Ontario L3P 7N3

**Email:** [tc@travelinsuranceoffice.com](mailto:tc@travelinsuranceoffice.com)

**Website:** [travelinsuranceoffice.com](https://travelinsuranceoffice.com)

**Underwritten by The Manufacturers Life Insurance Company (Manulife).**

Please contact [accessibility@manulife.ca](mailto:accessibility@manulife.ca) or 1-855-891-8671 to request an alternate format or communications supports.