Visitors to Canada

Effective July 1, 2024

For Assistance: Contact your Broker or call us at 1-855-337-3532
Please send your completed form to your broker or **The Destination: Travel Group Inc.**
Tel / **416-499-1900** Fax / **416-499-1901**

Underwritten by: Zurich Insurance Company Ltd (Canadian Branch)
Claims Administration and Assistance Services provided by: Zurich has appointed World Travel Protection Canada Inc. operating as "Zurich Travel Assist", as the provider of all assistance and claims services.
Managed and distributed by: The Destination: Travel Group Inc.

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

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 heart failure; or
e) has had a major organ transplant (heart, kidney, liver, lung), bone marrow or stem cell transplant; or
f) has received kidney dialysis *treatment* in the last **12** months; or
g) has a diagnosed aneurysm of 4 centimeters or more in either length or diameter, that has not been surgically repaired; or
h) has been advised by a physician not to travel.

SECTION 2 APPLICATION INFORMATION (if additional space for dependents is required, please attach the information on a separated 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)

Email

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

SECTION 3 PREMIUM CALCULATION

Coverage Option (Check one option only)	O $10,000 O $25,000 O $50,000 O $100,000 O $150,000 O $300,000	**Applicant 1 or Family (2x daily rate)**	**Applicant 2**
Age 0 to 79	**Option 1:** Includes Coverage for *Stable Pre-existing Medical Conditions*	O	O
	Option 2: No coverage for Any *Pre-existing Medical Conditions*	O	O
Age 80+	No Coverage for Any *Pre-existing Medical Conditions*	O	O
	Daily Rates		
	Number of Days X		
	Subtotal =		
Deductible Option (Ages 0 to 85 only):	O $250 (-10%) O $500 (-15%) O $1,000 (-20%) O $2,500* (-30%)		
	O $5,000* (-35%) O $10,000* (-40%) *Not applicable to $10,000 Option		
	Combined Total for Applicant 1 and 2		**A**

Monthly Payment Plan is available if the following plan options have been selected:

- A minimum of 180 days of coverage; and
- Minimum aggregate policy limit of **$50,000**

If both criteria have **not** been met, you must select **One Time Payment**

Payment Selection: O One Time Payment (No additional surcharge - Proceed to Section 4) O Monthly Payment Plan (Add 10% surcharge)

Combined Total Premium A: $ _____ **+ Surcharge 10%** **= Total Premium Due $** _____ **B**

SECTION 3.1 MONTHLY PAYMENT PLAN

For **Monthly Payment Plan** schedule, **an installment of 2 months of premium** payable by credit card with a premium surcharge of 10% is due at time of application.

The premium surcharge applies for the whole term of the policy. The third installment will be payable on the *effective date* of the policy, and after that, recurring credit card payments will be made each month on that date. If the policy *effective date* falls on the 29th, 30th, or 31st day of a month, monthly premiums will be billed on the 28th day in those months where those calendar days do not exist.

Monthly Payment Calculation:

Total Premium Due B:	$ _____	/ 12	=	**Monthly Premium**	$ _____	**C**
Monthly Premium C:	$ _____	X 2	=	**Deposit Premium**	$ _____	**D**

A payment schedule will be provided with your *Confirmation of Coverage*.

		Monthly Payment Dates	Payment Due	
Installment Payment	Due on Application Date	DD / MM / YY	$	**D**
Recurring Payment *	Due on Effective Date	DD / MM / YY	$	**C**

*** Recurring Payment** is due on the *effective date* and on each monthiversary from the *effective date* until the policy is full paid.

SECTION 4 PAYMENT

Enter the total premium due if you have selected the **One Time Payment:** **Total Premium Due B:** = $

Enter the total premium due if you have selected the **Monthly Payment Plan:** **Installment Payment D:** = $

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

Payment by **cheque** is only available for **One Time Payment** only. **Monthly Payment Plan** must be paid by credit card.

Please do not share credit card information on this application form if paying by credit card. The broker will reach out directly for this information.

Cardholder's Name | Cardholder's Phone Number ( )

Signature of Cardholder X

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) confirm that currently no circumstance is known for which a claim may be made.

Signature on behalf of applicant(s) X

SECTION 5 DEFINITIONS

Change in medication means the medication type, dosage, or frequency is reduced, increased, stopped, and/or new medications are prescribed. Exceptions:

- regular blood tests that result in routine adjustments of Coumadin, warfarin, or insulin as long as these medications are not newly prescribed or stopped; or,
- changing from a brand name medication to the same dose of a generic medication.

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

Country of origin means the country in which you maintained a permanent residence prior to entry into Canada.

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

a) the date and time the completed application and premium are accepted by The Destination: Travel Group Inc. or its agent; or
b) the date indicated as the *effective date* in your confirmation of coverage; or
c) 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:

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 (including increase or decrease of dosage), 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 *signs or 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* .

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 6 DECLARATION AND AUTHORIZATION

PLEASE READ, SIGN, AND DATE AT THE BOTTOM.

I acknowledge that I have met all the eligibility requirements under Section 1 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 Zurich Insurance Company Ltd and Zurich Travel Assist 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. / Zurich Insurance Company Ltd and Zurich Travel Assist 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)

SECTION 7 BROKER / AGENCY INFORMATION (BROKER USE ONLY)

Broker ID	**Broker Name**

SECTION 8 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 Zurich Insurance Company Ltd and its subsidiaries and affiliates located in your country of residency or abroad (collectively, "Zurich"), 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 Zurich 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"). If your policy is being arranged by a broker or an agent, you authorize Zurich to collect, store, use, disclose, and process personal information received from such broker or agent in relation to the above-stated purposes. 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 Zurich and for Zurich to use and disclose such information for any of the above-stated purposes.

Zurich 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 Zurich and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws.

Zurich may retain your personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich's legal and regulatory obligations, resolve disputes, and enforce Zurich's agreements. You may request to review the personal information Zurich maintains about you and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

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 Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits payable under your Policy.

Please contact the Zurich Privacy Officer if you require further information regarding the collection, use, disclosure, processing and storage of your personal information or if you have any complaints via email at privacy.zurich.canada@zurich.com.You can also review our Privacy Policy at https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement.

For the purpose of the Insurance Companies Act (Canada), this document was issued in the course of Zurich Insurance Company Ltd's insurance business in Canada.

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Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Insurance Association of Canada (THiA) want you to know your rights. THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:
Know your health • Know your trip
Know your policy • Know your rights
For more information, go to www.thiaonline.com

RATES SCHEDULE

Effective April 1, 2024

For Assistance: Contact your Broker or call us at 1-855-337-3532

OPTION 1 — Daily Rate - $0 Deductible

This option provides coverage for *pre-existing medical conditions* that were *stable* during the applicable stability period prior to the *effective date* .

	SUM INSURED					
Age	$10,000	$25,000	$50,000	$100,000	$150,000	$300,000
0 - 25	$2.09	$2.84	$3.11	$4.20	$5.22	$8.47
26 - 40	$2.36	$3.11	$3.38	$4.87	$5.92	$9.17
41 - 60	$2.63	$3.66	$4.20	$6.22	$7.76	$11.65
61 - 64	$3.38	$5.07	$6.09	$7.30	$9.03	$12.98
65 - 69	$3.85	$5.68	$6.76	$9.34	$10.44	$15.38
70 - 74	$6.09	$7.92	$11.33	$12.86	$16.56	$23.83
75 - 79	$7.45	$9.34	$13.18	$15.96	$18.94	$27.56

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*.

	SUM INSURED					
Age	$10,000	$25,000	$50,000	$100,000	$150,000	$300,000
0 - 25	$1.34	$1.83	$2.01	$2.70	$3.22	$5.22
26 - 40	$1.62	$2.14	$2.33	$3.33	$4.17	$6.46
41 - 60	$1.85	$2.57	$2.95	$4.19	$5.24	$7.85
61 - 64	$2.17	$3.26	$3.92	$4.68	$5.82	$8.37
65 - 69	$2.48	$3.65	$4.35	$6.00	$6.74	$9.92
70 - 74	$3.92	$5.08	$7.28	$8.25	$10.13	$14.57
75 - 79	$4.79	$6.00	$8.46	$10.24	$11.58	$16.85
80 - 85	$7.00	$10.89	$11.73			
86+	$10.79	$16.79				

- Family Rates (only available to applicants under age 60) 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 5.

Pre-existing medical condition coverage

a) **If at the time of application you are 59 years of age or under** and selected: **Option 1:** Any *pre-existing medical condition* is covered if it was stable in the **90 days** immediately before the *effective date* .

b) **If at the time of application you are between 60 and 69 years of age** and selected **Option 1:** Any *pre-existing medical condition* is covered if it was stable in the **120 days** immediately before the *effective date* .

c) **If at the time of application you are between 70 and 79 years of age** and selected **Option 1:** Any *pre-existing medical condition* is covered if it was stable in the **180 days** immediately before the *effective date* .

d) **If at the time of application you are 79 years of age or under** and selected **Option 2:** Any *pre-existing medical condition* is excluded.

e) **If at the time of application you are 80 years of age or over** and selected **Option 2:** Any *pre-existing medical condition* is excluded.

Waiting Period

The following waiting period will apply and no claims will be payable for any sickness for which *signs and symptoms* occurred within:

- **48 hours** after your *effective* date if you purchased within 30 days after your date of departure from your *country of origin* ; or
- **10 days** after your *effective date* if you purchased more than 30 days after your date of departure from your *country of origin* .

The waiting period will be waived if this insurance is purchased:

- Before the date of your arrival to Canada; or
- Before the date your existing Destination: Canada policy expires; or
- Before the date any other existing health insurance coverage expires and there is no lapse or gap in coverage. In the event of a claim, you must provide satisfactory proof of your previous insurance coverage in order to have the waiting period waived