

Broker  
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**Important Notice About Your Personal Information:** By submitting this application you agree that Royal & Sun Alliance Insurance Company of Canada ("we", "us") may collect, use and disclose your Personal Information (including to and from your broker, our affiliates and service providers and organizations that may have referred you to us) for purposes of quoting a premium, policy administration, improving customer experience, administering referral arrangements, and for other lawful purposes described in our Protecting Customer Privacy document. For a copy of this document please see www.rsatravelinsurance.com.

**POLICY NUMBER For Office Use Only**  
 VTC

15 01 APP ECA 0916 OPN

**ELIGIBILITY** – Throughout this application, words in italics have a specific meaning and are defined in the DEFINITIONS section on the back of this form.

1. You must be a visitor to Canada, a person with a Canadian work visa or Super Visa, an immigrant to Canada or a Canadian resident, who is not eligible for a provincial or territorial government health insurance plan in Canada.
  2. You must be at least 15 days of age on the date of purchase.
  3. You must **NOT** be travelling against the medical advice of a physician and/or have been diagnosed with a terminal illness. A terminal illness means that you have a medical condition that is cause for a physician to estimate that you have less than 6 months to live or for which palliative care has been received.
  4. You must **NOT** have a kidney disease requiring dialysis.
  5. You must **NOT** have Congestive Heart Failure, or require the use of home oxygen.
  6. You must **NOT** be experiencing new or undiagnosed symptoms and/or know of any reason to seek medical attention.
- Note:** Your *spouse* and/or *child(ren)* must also meet all the above criteria to be eligible for *family* coverage under this plan.

**APPLICANT INFORMATION** (please print)

|  |  |              |            |  |                        |
|--|--|--------------|------------|--|------------------------|
| Last Name:   |  | First Name:  |            | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth (D/M/Y): |
| Type of Coverage: <input type="checkbox"/> Single <input type="checkbox"/> Family (if applying for Family Coverage, complete SPOUSE AND CHILD(REN) section below)  |  |              |            |  |                        |
| Please select your purchase type: <input type="checkbox"/> New Policy (no prior Visitors to Canada Travel Insurance policy issued)<br><input type="checkbox"/> Additional New Policy, please indicate your previous Visitors to Canada Travel Insurance policy number: _____ |  |              |            |  |                        |
| Address in Canada:   |  |              |            |  | City:                  |
| Province:  |  | Postal Code: |            | Telephone:   |                        |
| Country of Origin:   |  |              | Email:     |  |                        |
| Contact Person in Canada   |  |              | Last Name: |  | First Name:            |
| Address:   |  |              | Telephone: |  |                        |

**SPOUSE AND CHILD(REN)** (please print) – For additional insureds, attach a separate page.

| Last Name | First Name | Sex   | Date of Birth (D/M/Y) |
|-----------|------------|---|-----------------------|
|           |            | <input type="checkbox"/> M <input type="checkbox"/> F |                       |
|           |            | <input type="checkbox"/> M <input type="checkbox"/> F |                       |
|           |            | <input type="checkbox"/> M <input type="checkbox"/> F |                       |

**POLICY INFORMATION**

|  |                          |   |                                    |   |                                   |                                    |                                    |
|--|--------------------------|---|------------------------------------|---|-----------------------------------|------------------------------------|------------------------------------|
| Sum Insured Options:                     | PLAN 1 Age 79 or under   | <input type="checkbox"/> \$10,000                                 | <input type="checkbox"/> \$15,000  | <input type="checkbox"/> \$25,000       | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$150,000 |
| (please select)                          | PLAN 2 Age 50 or over    | <input type="checkbox"/> \$10,000                                 | <input type="checkbox"/> \$15,000  | <input type="checkbox"/> \$25,000       | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 |                                    |
| Deductible Options:                      | Age 85 or under          | <input type="checkbox"/> \$100 (0%)                               | <input type="checkbox"/> \$0 (+5%) | <input type="checkbox"/> \$1,000 (-20%) |                                   |                                    |                                    |
| (please select)                          | Age 86 or over           | <input type="checkbox"/> \$500 (0%)                               |                                    |   |                                   |                                    |                                    |
| Latest Date of Entry into Canada (D/M/Y) | Application Date (D/M/Y) | Application Time  |                                    | Effective Date (D/M/Y)                  | Number of Days                    | Expiry Date (D/M/Y)                |                                    |
|  |                          | ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM |                                    |   |                                   |                                    |                                    |

**PAYMENT** – To calculate the Total Premium Due, refer to PREMIUM CALCULATION section on the back of this form.

Age of Eldest Applicant on Application Date: \_\_\_\_\_

Please select Plan (Applicants age 50 to 79 have the option of Plan 1 or 2):  Plan 1 (available for ages 79 or under)  Plan 2 (available for ages 50 or over)

|  |                             |
|--|-----------------------------|
| Total Premium Due: \$ _____ Minimum of \$20  | Submit this Application to: |
| Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard |                             |
| Credit Card Number: _____ Expiry (M/Y): _____  |                             |

**DECLARATION AND SIGNATURE**

I understand that this emergency medical insurance is subject to limitations and exclusions. I am aware that *pre-existing medical conditions* may be excluded as set out in the Limitations and Exclusions of the policy. I further certify that the information given in this application is correct and that I understand the Waiting Period as specified below:

- a) If you are age 85 or under and you purchased coverage within 30 days after arrival in Canada, then in respect of any *sickness*, you will not be entitled to receive reimbursement for *sickness* or symptoms which manifested or were contracted or treated within 48 hours following the effective date of this policy.
- b) If you are age 85 or under and you purchased coverage more than 30 days after your arrival in Canada, then in respect of any *sickness*, you will not be entitled to receive reimbursement for *sickness* or symptoms which manifested or were contracted or treated within 7 days following the effective date of this policy.
- c) If you are age 86 or over and you purchased coverage at any time after your arrival in Canada, then in respect of any *sickness*, you will not be entitled to receive reimbursement for *sickness* or symptoms which manifested or were contracted or treated within 15 days following the effective date of this policy.  
 Exception: This waiting period will be waived if this policy is purchased on or prior to the expiry date of an existing Visitors to Canada Travel Insurance policy already issued by the Insurer, to take effect on the day following such expiry date provided no increase in the Sum Insured Option is applied for. The existing policy must be in effect on the date of purchase and there must be no gap in coverage.

|                            |                     |
|----------------------------|---------------------|
| Applicant Signature: _____ | Date (D/M/Y): _____ |
|----------------------------|---------------------|

## RATES

- **Minimum premium:** \$20
- **Age:** use your age on the application date to calculate your premium
- **Maximum period of coverage:** 365 days per policy
- **Family Plan:** applies to the applicant, *spouse* and *child(ren)* that reside together in Canada and coverage dates must be the same for all *family* members. *Family Rates* are 2 times the Daily Rates found below and are based on the age of the eldest applicant.
- **Deductible applies per insured, per emergency**

|                                     |                                |
|-------------------------------------|--------------------------------|
| <u>Age 85 or under</u>              | <u>Age 86 or over</u>          |
| - \$100 deductible (automatic)      | - \$500 deductible (automatic) |
| - \$0 deductible (add 5%)           |                                |
| - \$1,000 deductible (subtract 20%) |                                |

## PLAN 1 DAILY RATE TABLE — Provides coverage for *Stable Pre-Existing Medical Conditions*

| Age   | Sum Insured Options (Super Visa requires a minimum sum insured of \$100,000) |          |          |          |           |               |
|-------|--|----------|----------|----------|-----------|---------------|
|       | \$10,000   | \$15,000 | \$25,000 | \$50,000 | \$100,000 | \$150,000     |
| 0-25  | \$2,04   | \$2,33   | \$2,60   | \$2,99   | \$4,68    | \$5,59        |
| 26-40 | \$2,23   | \$2,55   | \$2,86   | \$3,29   | \$5,22    | \$6,07        |
| 41-60 | \$2,74   | \$3,12   | \$3,50   | \$3,97   | \$6,55    | \$7,99        |
| 61-64 | \$3,08   | \$3,84   | \$4,60   | \$5,22   | \$6,91    | \$8,25        |
| 65-69 | \$3,74   | \$4,69   | \$5,65   | \$6,42   | \$7,73    | \$9,62        |
| 70-74 | \$5,72   | \$7,14   | \$8,58   | \$9,86   | \$13,22   | Not Available |
| 75-79 | \$7,94   | \$9,88   | \$11,75  | \$15,30  | \$19,08   | Not Available |

Note: *Family Rates* are 2 times the Daily Rate of the eldest applicant.

## PLAN 2 DAILY RATE TABLE — No coverage for any *Pre-Existing Medical Conditions*

| Age   | Sum Insured Options (Super Visa requires a minimum sum insured of \$100,000) |          |          |          |           |
|-------|--|----------|----------|----------|-----------|
|       | \$10,000   | \$15,000 | \$25,000 | \$50,000 | \$100,000 |
| 50-60 | \$2,60   | \$2,97   | \$3,33   | \$3,78   | \$6,22    |
| 61-64 | \$2,86   | \$3,57   | \$4,28   | \$4,86   | \$6,42    |
| 65-69 | \$3,37   | \$4,22   | \$5,08   | \$5,77   | \$6,96    |
| 70-74 | \$4,58   | \$5,71   | \$6,87   | \$7,89   | \$10,57   |
| 75-79 | \$6,36   | \$7,91   | \$9,39   | \$12,25  | \$15,27   |
| 80-85 | \$8,99   | \$11,38  | \$13,98  | \$16,31  | \$20,69   |
| 86+   | \$13,82  | \$17,85  | \$21,51  | \$25,45  | \$31,81   |

Note: *Family Rates* are 2 times the Daily Rate of the eldest applicant.

## PREMIUM CALCULATION

| Number of Days   | Daily Rate* | Sub-total | Deductible Options                            |                                    | Total Premium Due<br>Minimum of \$20 |  |
|--|-------------|-----------|---|------------------------------------|--------------------------------------|--|
|  |             |           | Age 85 or under                               |                                    |                                      | Age 86 or over                           |
|  |             |           | <input type="checkbox"/> \$100 Automatic (0%) | <input type="checkbox"/> \$0 (+5%) |                                      | <input type="checkbox"/> \$1,000 (- 20%) |
| Calculate and add or subtract the appropriate % to the Sub-total based on the selected deductible. |             |           | +/- \$ _____                                  |                                    | = \$ _____                           |  |

\* Note: *Family Rates* are 2 times the Daily Rate of the eldest applicant.

## DEFINITIONS — Throughout this application, words in italics have a specific meaning and are defined below.

**Child(ren)** means an unmarried natural, adopted or stepchild of the *insured person* or his or her eligible *spouse* who is, at the date of purchase, dependent on the *insured person* or his or her eligible *spouse* for support and is:

- Between 15 days of age and 21 years of age; or
- A full-time student who is under 26 years of age; or
- Of any age with a permanent physical impairment or a permanent mental disability.

**Family** means *you* and *your* eligible *spouse* or *you* and *your* eligible *spouse* and *child(ren)*, who have the same coverage dates in effect and who are living at the same address while in Canada.

**Pre-Existing Medical Condition(s)** means any medical condition, *sickness* or injury for which at any time prior to the effective date, you have experienced symptoms, you have received medical care, advice, investigation or medical treatment, you have been hospitalized, you have been prescribed (including prescribed as needed) or have taken medication, or you have undergone a medical surgical procedure.

**Sickness** means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a physician for the purpose of medical treatment.

**Spouse** means the person, aged 65 or under, to whom the *insured* is legally married or with whom the *insured* has been residing in a conjugal relationship.

**Stable Pre-Existing Medical Condition** means:

- A condition which is under treatment and has been controlled by diet or consistent use of medication prescribed by a physician and for which in the 120 days prior to the effective date of this policy there has been:
  - no hospitalization; and
  - no change in treatment, medication or dosage.
 Exceptions: a reduction in dosage or an elimination of medication resulting from an improved health condition, approved by a physician, does not constitute a change in medication or dosage. A reduction or elimination of treatment resulting from an improved health condition, approved by a physician, does not constitute a change in treatment.
- A condition that existed more than 120 days prior to the effective date and which did not require treatment, as determined by a physician, during the 120 days prior to the effective date of this policy.

The product and rates described are subject to change without notice at any time.

