



SECTION 1 ELIGIBILITY

To be eligible for coverage you must:

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

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

- a) has been diagnosed with a terminal illness;
- b) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immune Deficiency Virus (HIV);
- c) has been prescribed or used home oxygen *treatment* in the last **12** months;
- d) has been diagnosed with or treated for congestive heart failure;
- 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 _____

SECTION 6 DEFINITIONS

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.

Medical consultation means any medical services obtained from a physician for a sickness, injury or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and during which a diagnosis of the medical condition need not have been definitively made. This does not include routine annual medical check-ups where no medical *signs or symptoms* existed or were found during the check-up.

Pre-existing medical condition means a sickness, injury or medical condition, whether or not diagnosed by a physician:

- a) for which you exhibited *signs or symptoms*; or
- b) for which you required or received *medical consultation*;
and
- c) which existed prior to the *effective date* of your coverage.

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

Stable means a *pre-existing medical condition* that:

- a) did not require, or was not referred for any *medical consultation*;
- b) did not require a change in type of dosage of medication;
- c) did not exhibit any *signs or symptoms*

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a physician including, but not limited to, prescribed medication, investigative testing and surgery.

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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This plan is managed by The Destination: Travel Group Inc. and underwritten by The Manufacturers Life Insurance Company (Manulife). Manulife has appointed Active Claims Management (2018) Inc. (operating as "Active Care Management") as the provider of all assistance and claims services under this policy.