

Part 1 - Eligibility Requirements

You must meet the following conditions to be eligible for insurance,:

- Be a Canadian resident over the age of 14 days and under age 75; and
- Be covered by the government health insurance plan (GHIP) of your Canadian province/territory of residence for the entire duration of your trip.

You are NOT ELIGIBLE for coverage if you have been diagnosed with or treated for any of the following:

- Travelling against the advice of a physician; or
- Terminal illness; or
- AIDS or HIV, or
- Aneurysm that has not been surgically repaired; or
- Metastatic cancer or cancer of the liver, pancreas or bone; or
- Organ transplant (heart, lung, liver, kidney); or
- Kidney failure requiring dialysis.

In addition to the above, if you are between the ages of 55 and 74, you are NOT ELIGIBLE if you have been diagnosed with or treated for any of the following:

- Heart condition, lung condition (excluding asthma), diabetes (excluding diet controlled), stroke, mini-stroke or TIA; or
- Cirrhosis of the liver; or
- Crohn's disease or ulcerative colitis.

The coverage extended under the Destination: Travel Leisure Plan **will not pay** for any expenses related to:

- Any pre-existing medical condition (other than a minor condition) that was not stable at all times during the **90 days** prior to the departure date.

If you are not eligible to purchase this insurance, please consult your insurance broker or contact us at 1-855-337-3532. Other coverage options may be available.

Definition of terms such as stable, treatment and minor condition can be found in the policy wording. For complete terms, benefits, conditions and exclusions, please see the policy.

Please review your policy carefully.

Part 2 - Rate Schedule

AGE 0 to 54 - ANNUAL MULTI-TRIP RATES

DAYS	SINGLE ANNUAL RATE		FAMILY ANNUAL RATE	
	Age 0 to 30	Age 31 to 54	Age 0 to 30	Age 31 to 54
8	45	50	90	100
16	65	75	130	150
32	80	105	160	210

AGE 0 to 54 - SINGLE TRIP RATES

DAYS	SINGLE DAILY RATE		FAMILY DAILY RATE	
	Age 0 to 30	Age 31 to 54	Age 0 to 30	Age 31 to 54
1-60	2.00	2.25	4.00	4.50
61-365	2.05	2.40	4.10	4.80

AGE 55 to 74 - SINGLE TRIP RATES

DAYS	SINGLE TRIP RATES			
	Age 55-60	Age 61-65	Age 66-69	Age 70-74
1-25	2.50	4.50	5.35	10.00

All rates include a \$0 deductible.

Family coverage is only available for applicants up to age 54. Premium is based on the oldest member of the family.

If you are an applicant over age 54 requiring an annual plan and/or travelling for more than 25 days, please contact your broker or the Destination: Travel Group Inc. at 1-855-337-3532 to inquire about our other Plans.

Part 3 - Applicant Information

Destination: Travel Leisure Plan

Applicant 1 <input type="radio"/> Male <input type="radio"/> Female		Applicant 2 <input type="radio"/> Male <input type="radio"/> Female	
Last Name _____		Last Name _____	
First Name _____		First Name _____	
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Age at Application _____	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Age at Application _____
Address _____			Apt. _____
City _____	Prov. _____	Postal Code _____	Phone () _____
Email Address _____			

Family Dependent Information (if additional space for dependents is needed, please attach a sheet or paper)			
Last Name	First Name	Sex	Date of Birth
1. _____	_____	<input type="radio"/> Male <input type="radio"/> Female	____/____/____
2. _____	_____	<input type="radio"/> Male <input type="radio"/> Female	____/____/____

Part 4 - Travel Information (for family coverage, complete the "Applicant 1" section using rates based on the oldest member of the family.)

Applicant 1 (Single or Family)	Applicant 2
SINGLE TRIP COVERAGE (Count both the Departure and Return Dates when determining the # of Travel Days)	

Departure Date (Policy Effective Date) <input type="text"/> / <input type="text"/> / <input type="text"/>	Departure Date (Policy Effective Date) <input type="text"/> / <input type="text"/> / <input type="text"/>
Return Date (Policy Effective Date) <input type="text"/> / <input type="text"/> / <input type="text"/>	Return Date (Policy Effective Date) <input type="text"/> / <input type="text"/> / <input type="text"/>
Daily Rate _____ X # of Days _____ = \$ _____ A1	Daily Rate _____ X # of Days _____ = \$ _____ A2

ANNUAL / MULTI-TRIP COVERAGE (Available for age 0 to 54) If you are age 55 and over and would like to purchase an annual plan, please refer to our Destination: Travel Health Plans

Covers the first 8, 16 or 32 days of any trip taken during the 365-day period from your policy effective date			
<input type="radio"/> 8 Days	<input type="radio"/> 16 Days	<input type="radio"/> 32 Days	
Policy Effective Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Policy Effective Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Annual / Multi-Trip Premium = \$ _____ B1	Annual / Multi-Trip Premium = \$ _____ B2		

TOP UP COVERAGE (Available for age 0 to 54) Must be purchased BEFORE Departure Date. Extends other coverage or your Destination: Travel Annual/Multi-Trip Plan

Departure Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Departure Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Top-up Policy Effective Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Top-up Policy Effective Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Return Date (Policy Expiry Date) <input type="text"/> / <input type="text"/> / <input type="text"/>	Return Date (Policy Expiry Date) <input type="text"/> / <input type="text"/> / <input type="text"/>
Top-up Trip Length _____	Top-up Trip Length _____
Insurance Company Name: _____	Insurance Company Name: _____
# of days of Existing Coverage _____	# of days of Existing Coverage _____
Policy and/or Certificate number: _____	Policy and/or Certificate number: _____
Daily Rate _____ X # of Days _____ = \$ _____ C1	Daily Rate _____ X # of Days _____ = \$ _____ C2

Part 5 - Premium Calculation

Premium Subtotal A1 + B1 + C1 = \$ _____ P1	Premium Subtotal A2 + B2 + C2 = \$ _____ P2
Premium Due (P9 + P10) = \$ _____	Minimum Premium \$25.00 per applicant
Add 6% PST (Saskatchewan only) = \$ _____	Total Premium Due = \$ _____

Part 6 - Payment Options

Cheque Made payable to Special Benefits Insurance Services **Visa** **Mastercard**

Cardholder's Name _____

Cardholder's Number _____ Expiry Date (mm/yy) _____

Signature of Cardholder (Only if different from applicant(s))

Broker Use only	
Broker ID 51111728	Broker Name Special Benefits Insurance Services 7th Fl - 366 Bay St, Toronto ON M5H 4B2 (P) 1-800-667-0429 or 416-601-0429 (F) 416-601-0308 DTLE-0817 Email: general@sbis.ca