

EMERGENCY MEDICAL INSURANCE FOR VISITORS TO CANADA

POLICY NUMBER For Office Use Only

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VTC

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

- 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.
 - You must **NOT** have been in Canada for more than 2 consecutive years prior to the policy effective date.
 - You must be at least 15 days of age.
 - 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.
 - You must **NOT** have a kidney disease requiring dialysis.
 - You must **NOT** have Congestive Heart Failure, AIDS (Acquired Immune Deficiency Syndrome) or require the use of home oxygen.
 - 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 MSA Visitors to Canada policy issued) <input type="checkbox"/> Additional New Policy, please indicate your previous MSA Visitors to Canada 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:	Age 69 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)	Age 70 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 (clients age 70 to 79 have the option of Plan 1 or 2): Plan 1 (available for ages 79 or under) Plan 2 (available for ages 70 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)	

WAITING PERIOD 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:

Age 85 or under:
If I purchase my policy:
1. within 30 days of my arrival in Canada:
a) I understand that this coverage excludes any loss as a result of sickness or symptoms which manifested or were contracted or treated within 48 hours following the policy effective date.

Age 86 or over:
If I purchase my policy at any time after my arrival in Canada, I understand that this coverage excludes any loss as a result of sickness or symptoms which manifested or were contracted or treated within 15 days following the policy effective date.

2. more than 30 days after my arrival in Canada:
a) I understand that this coverage excludes any loss as a result of sickness or symptoms which manifested or were contracted or treated within 7 days following the policy effective date.

Applicant Signature:	Date (D/M/Y):
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RATES

- **Minimum premium:** \$20
- **Age:** use your age on the application date to calculate your premium
- **Maximum period of coverage:** 365 days per policy up to a maximum stay of 2 consecutive years in Canada
- **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 Single Daily Rates found below and are based on the age of the eldest applicant.
- **Deductible applies per insured, per emergency**

Age 85 or under - \$100 deductible (automatic) - \$0 deductible (add 5%) - \$1,000 deductible (subtract 20%)	Age 86 or over - \$500 deductible (automatic)
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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	\$1.70	\$2.04	\$2.27	\$2.50	\$3.60	\$4.30
26-40	\$1.86	\$2.23	\$2.50	\$2.75	\$4.02	\$4.67
41-60	\$2.29	\$2.73	\$3.06	\$3.32	\$5.04	\$6.14
61-64	\$2.47	\$3.21	\$3.85	\$4.15	\$5.31	\$6.35
65-69	\$3.00	\$3.92	\$4.72	\$5.10	\$5.95	\$7.40
70-74	\$4.78	\$6.24	\$7.50	\$8.24	\$10.17	Not available
75-79	\$6.64	\$8.64	\$10.26	\$11.31	\$14.11	Not available

Note: Family Rates are 2 times the Single 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
70-74	\$3.83	\$4.99	\$6.00	\$6.59	\$8.13
75-79	\$5.31	\$6.91	\$8.21	\$9.05	\$11.29
80-85	\$7.20	\$9.11	\$11.20	\$12.06	\$15.30
86+	\$11.06	\$14.30	\$17.23	\$18.82	\$23.51

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

PREMIUM CALCULATION

Number of Days	Daily Rate*	Sub-total	Deductible Options		Total Premium Due 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.						
_____	x \$ _____	= \$ _____	+/- \$ _____		= \$ _____	

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

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

Child(ren) means a dependent and unmarried child of the insured or his/her *spouse*, who is at least 15 days old and under 21 years of age on the date of purchase, or a child of any age over 15 days who has a permanent physical impairment or a permanent mental deficiency on the date of purchase and who is dependent on you for support.

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.

Spouse means the person to whom you are legally married or with whom you have been residing for at least the last 12 months.

Stable Pre-Existing Medical Condition means:

1. 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:
 - a) no hospitalization; and
 - b) 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.
2. 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.



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