Travellers Choice Medical Insurance
2026-2027 Application

Only available from
Travel Insurance Office Inc.
One of Canada's largest travel insurance brokers
Insuring travellers since 1991

Name and Canadian Address

How to Apply for Coverage:

Online at travelinsuranceoffice.com

Call us at 1-800-550-1295

Mail this application to:
190 Bullock Dr. Suite 3A
Markham ON L3P 7N3

Scan & Email this application to:
info@travelinsuranceoffice.com

First Applicant's name:					Second Applicant's name:				
Date of birth: Month	Day	Year	Age on application date:		Date of birth: Month	Day	Year	Age on application date:	
Home or cell phone:					Home or cell phone:				
Email:					Email:				

Out-of-country-address and phone number:

Eligibility Requirements

If you require assistance with this application, our contact information is on page 4.

- **All applicants:** You must be at least 15 days old and no more than 89 years old on the date coverage begins, be insured under a Provincial or Territorial Government Health Insurance Plan during the period of coverage, and complete the eligibility questions below.
  - For each of the eligibility questions below, check either "Yes" or "No".
  - Do NOT count Aspirin or Entrophen as *treatment* when answering the eligibility questions.
  - The definitions of all italicized key terms are on page 4 of this application.
- **Applicants age 15 days to 59 years old:** If you answer "No" to the eligibility questions below, you qualify for Rate Table 1 "Lucky Duck".
- **Applicants age 60-89:** If you answer "No" to all of the eligibility questions below, complete the Health Score Questionnaire on page 2.

IMPORTANT: Any misrepresentation of your health may result in the non-payment of your claim.		Applicant 1	Applicant 2
1. Has your physician advised you not to travel or have you been diagnosed with a *terminal illness*?	1	☐ Yes ☐ No	☐ Yes ☐ No
2. Do you need assistance with dressing, eating, bathing, using a toilet, or changing positions due to an ongoing *medical condition*?	2	☐ Yes ☐ No	☐ Yes ☐ No
3. Do you have **any** of the following *medical conditions*: a) pulmonary fibrosis b) congestive heart failure c) kidney disease requiring dialysis d) an aneurysm that is larger than 4.5 cm in diameter or width	3	☐ Yes ☐ No	☐ Yes ☐ No
4. Have you **ever had or are awaiting** a stem cell, bone marrow, heart, kidney, liver, or lung transplant?	4	☐ Yes ☐ No	☐ Yes ☐ No
5. In the **5 years** before your application date, have you had metastatic cancer OR **2 or more** cancers (excluding basal cell or squamous cell skin cancer or breast cancer treated only with hormone therapy)?	5	☐ Yes ☐ No	☐ Yes ☐ No
6. In the **12 months** before your application date, have you been: a) prescribed or used home oxygen or taken prednisone for a lung condition b) diagnosed with cancer, had a positive biopsy or had chemotherapy, radiation therapy, or cancer surgery (excluding basal cell or squamous cell skin cancer)	6	☐ Yes ☐ No	☐ Yes ☐ No
7. In the **12 months** before your application date, have you been admitted to a **hospital** because of **any** of the following (excluding routine monitoring): a) a heart condition (excluding a pacemaker battery change) b) a stroke or mini-stroke or Transient Ischemic Attack (TIA) c) a lung condition (including pneumonia) d) a kidney condition (excluding kidney stones)	7	☐ Yes ☐ No	☐ Yes ☐ No

If you answered "Yes" to any question above, you are not eligible for coverage. Call **Travel Insurance Office Inc.**
If you answered "No" to every question above, complete the Health Score Questionnaire on the next page.

Travellers Choice

Page 2 – Health Score Questionnaire

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Instructions

- For each "Yes" answer, enter the required number of **Health Score** points.
- Your **Health Score** determines which rate table to use.
- If you score 100 points or more, you are not eligible for coverage. Please call **Travel Insurance Office Inc.**
- Do NOT count Aspirin or Entrophen as *treatment* when answering the medical questionnaire.

IMPORTANT: Any misrepresentation of your health may result in the non-payment of your claim.

			Applicant 1	Applicant 2
1. In the **3 years** before your application date, have you been diagnosed with, been prescribed or taken medication, had *treatment*, or had surgery for any of the following:				
a) Diabetes requiring insulin	1a	Yes=50		
b) Diabetes requiring medication other than insulin	1b	Yes=25		
c) Any heart condition	1c	Yes=40		
d) Alzheimer's or dementia	1d	Yes=30		
e) Aneurysm that is 4.5 cm or less in diameter or width	1e	Yes=30		
f) **One or more** of the following bowel diseases and disorders: • Crohn's • Colitis • Diverticulitis • Bowel obstruction • Gastro-intestinal bleeding • Irritable bowel syndrome (IBS)	1f	Yes=30		
g) Cirrhosis of the liver	1g	Yes=30		
h) High blood pressure requiring **3 or more** medications (including any water pill)	1h	Yes=30		
i) Any lung condition (including use of inhalers, excluding pneumonia and a *minor ailment*)	1i	Yes=30		
j) Multiple Sclerosis	1j	Yes=30		
k) Pancreatitis	1k	Yes=25		
l) Peripheral vascular disease/PVD (including carotid artery stenosis)	1l	Yes=30		
m) Stroke or mini-stroke or Transient Ischemic Attack (TIA)	1m	Yes=30		
n) Parkinson's	1n	Yes=25		
o) Blood clot	1o	Yes=20		
p) Blood disorder	1p	Yes=5		
q) Gallbladder disease or gallstones (unless gallbladder was removed)	1q	Yes=10		
r) Kidney condition (excluding kidney stones)	1r	Yes=10		
s) Epilepsy or a seizure	1s	Yes=5		
t) Cancer (excluding basal cell or squamous cell skin cancer & cancer treated only with hormone therapy)	1t	Yes=5		
2. Have you **ever** had a heart condition, aneurysm, stroke or mini-stroke or Transient Ischemic Attack (TIA) or peripheral vascular disease/PVD (including carotid artery stenosis) (excluding a heart murmur that no longer exists as an adult or requires ongoing monitoring or *treatment*)?	2	Yes=10		
3. In the **12 months** before your application date have you:				
a) Taken Lasix or Furosemide for leg or ankle swelling	3a	Yes=10		
b) Sought *treatment* for dizziness or fainting	3b	Yes=5		
TOTAL HEALTH SCORE: Add up your points (If you did not score any points, enter 0.)		**HEALTH SCORE**		

If Your Health Score is	You Qualify for Rate Table	Pre-existing Medical Conditions are covered if *stable* for:
0 points	1	90 days before your *effective date*
1-9 points	2	90 days before your *effective date*
10-29 points	3	90 days before your *effective date*
30-99 points	4	90 days before your *effective date*
100 points or more	You are not eligible for coverage. Please call.	

Application Page 3 – Premium Calculation

		Applicant 1	Applicant 2
A)	Your departure date from Canada (coverage begins at 12:01 AM)	Mth Day Year	Mth Day Year
B)	The date you want coverage to begin (If topping up other coverage, coverage begins at 12:01 AM)	Mth Day Year	Mth Day Year
C)	Your expiry date of coverage (coverage ends at 11:59 PM)	Mth Day Year	Mth Day Year
D)	Number of days required for a single trip, or if adding days to an annual plan, or if topping up other coverage	Days	Days
E)	Rate Table used (check ☑ one box) • Applicants age 15 days to 59 years old qualify for rate table 1 • Applicants age 60-89 must complete the Health Score Questionnaire on page 2 to determine which Rate Table to use (Premiums are based on your age when you apply for coverage)	☐ Rate Table 1 ☐ Rate Table 2 ☐ Rate Table 3 ☐ Rate Table 4	☐ Rate Table 1 ☐ Rate Table 2 ☐ Rate Table 3 ☐ Rate Table 4
F)	Option: If purchasing an annual plan, check ☑ one box (Not available if topping up other coverage)	☐ 5-day ☐ 15-day ☐ 25-day ☐ 35-day	☐ 5-day ☐ 15-day ☐ 25-day ☐ 35-day
G)	Option: Enter your annual plan rate from the brochure (before discount)	$	$
H)	Enter your daily rate from the brochure (before discount)	$ per day	$ per day
I)	Multiply the number of days required by your daily rate (boxes D x H)	$	$
J)	Sub-total: Add boxes G + I	$	$
K)	Tobacco users: ADD 20% if you used tobacco products in the 3 years before your application date	$	$
L)	Option: There is a $99 USD deductible. If you want a different deductible check ☑ one box. All deductibles are in USD dollars.	☐ $0 (+10%) ☐ $500 (-10%) ☐ $1,000 (-15%) ☐ $2,500 (-20%) ☐ $5,000 (-35%) ☐ $10,000 (-50%)	☐ $0 (+10%) ☐ $500 (-10%) ☐ $1,000 (-15%) ☐ $2,500 (-20%) ☐ $5,000 (-35%) ☐ $10,000 (-50%)
M)	Sub-total: Box J (include adjustments from boxes K and L if applicable)	$	$
N)	Discount: Deduct any applicable discount from box M	$	$
O)	PREMIUM DUE: Less any deposit (minimum $20 CAD per person)	$	

Declaration & Authorization

Please read, sign, and date at the bottom.

- I declare that I meet the eligibility requirements for the rate table chosen. The answers I have provided are truthful and accurate. If unsure, I have contacted my physician.
- I understand that any misrepresentation or failure to disclose any material fact may void the policy.
- I understand that it is my responsibility to review my policy to understand the coverage and exclusions, including the pre-existing condition exclusion.
- I understand that if my health changes prior to my departure date, I must contact Travel Insurance Office Inc. to determine how this will affect my coverage.
- I authorize the disclosure of my personal and health information in the event that I have a claim.
- I understand the application is subject to Travel Insurance Office Inc.'s privacy policy. By signing the declaration, I confirm that I have read and accept the terms and conditions of the Privacy Policy found on page 4.

X _____ First Applicant's signature | _____ Date | X _____ Second Applicant's signature | _____ Date

Send policy, receipt, and wallet cards to: ☐ Home address ☐ Email _____

Payment option 1: Pay by cheque. Please make your cheque payable to: **Travel Insurance Office Inc.**

Payment option 2: Paying by Visa, MasterCard, or American Express? For your protection, a Licensed Insurance Agent will call you to process payment, when your application is received.

Application Page 4 – Definitions of Key Terms Used in this Application

(These defined terms are italicized in the Application and may appear in the Policy.)

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

Effective Date means the date on which *your* coverage starts.

For Annual Plans, *emergency* medical coverage starts each date *you* leave your province or territory of residence on or after the Annual Plan coverage begins date stated on confirmation of coverage.

Single-Trip *Emergency* Medical, including Top Up start on the later of:

- *your* departure date; or
- *your* coverage begins date as stated on *your* confirmation of coverage.

Injury means sudden bodily harm directly caused by external and accidental means and which is independent of all other causes, including *sickness* or disease.

Medical Condition means any disease, *sickness*, or *injury* (including symptoms of undiagnosed conditions).

Minor ailment means any *sickness* or *injury* which ended more than 30 days prior to the *effective date*, as shown on the confirmation of coverage and which did not require:

a) *treatment* for a period longer than 15 consecutive days; or
b) more than one follow-up visit to a physician; or
c) hospitalization, surgery, or referral to a specialist.

NOTE: this definition applies only to a lung condition.

Sickness means illness, disease or any symptom related to that illness and/or disease.

Stable means a *medical condition* 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*, 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 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*.

All of the above conditions must be met for a *medical condition* to be considered *stable*.

The following are considered *stable*:

a) Routine adjustment of insulin, Coumadin or Warfarin as long as the insulin, Coumadin or Warfarin is not first prescribed in the 90 days prior to the date coverage begins as shown on your confirmation of coverage and, if you have multi-trip annual coverage, the 90 days prior to each separate trip that begins when you depart from your province or territory of residence.
b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the 90 days prior to the date coverage begins as shown on your confirmation of coverage and, if you have multi-trip annual coverage, the 90 days prior to each separate trip that begins when you depart from your province or territory of residence.
c) A *minor ailment* (NOTE: *minor ailment* applies only to a lung condition).

Terminal illness means a *medical condition* that is cause for a physician to estimate that you have less than 24 months to live or for which palliative care was received prior to the date coverage began.

Treatment means hospitalization, a procedure prescribed, performed, or recommended by a physician for a *medical condition*. This includes but is 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.

Privacy Consent Notice

At Travel Insurance Office Inc., we are committed to protecting your privacy and the confidentiality of your personal information.

By submitting information such as your name, contact details, date of birth, medical or financial history, or insurance records, you consent to our collection, storage, use, and disclosure of this data. We use your information to provide and manage your insurance coverage, including assessing risk, setting premiums, processing claims, and complying with legal and regulatory obligations.

Your information may be shared with trusted third parties, including insurers, reinsurers, administrators, brokers, claims adjusters, regulators, and service providers, both within and outside Canada, strictly as needed to support these purposes.

If you provide personal information about someone else (e.g., a family member or dependent), you confirm that you have their consent to do so.

You may refuse or withdraw your consent at any time, but this could impact our ability to offer or service your insurance coverage, or pay claims.

Your personal data is securely handled in accordance with applicable laws. For full details, visit: https://secure2.travelinsuranceoffice.com/privacy-policy or contact us directly.

Travel Insurance Office Inc. TIO

Our office is closed to walk-in visitors

Office hours: Monday to Friday 9 AM to 5 PM (ET)

Phone: 1-800-550-1295
Email: info@travelinsuranceoffice.com
Website: travelinsuranceoffice.com

Travel Insurance Office Inc.
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Markham Ontario L3P 7N3

Underwritten by The Manufacturers Life Insurance Company (Manulife).

Please contact accessibility@manulife.ca or 1-855-891-8671 to request an alternate format or communications supports.