



Travel Insurance Made Easy 2023-2024 Application Side 1

Underwritten by Industrial Alliance Insurance and Financial Services Inc.

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Travel Insurance Office Inc.

One of Canada's largest travel insurance brokers
Insuring travellers since 1991

travelinsuranceoffice.com • 1-800-550-1295

Name and Canadian Address

Canadian Phone

Email Applicant 1

Email Applicant 2

Out-of-Country Phone or Cell #

Applicant's first and last name

Date of birth and age on Departure Date

Departure Date

The day you leave your province or territory of residence.

Effective Date

The day coverage begins.

Termination Date

The day coverage ends.

Number of days required

Medical Score and Plan Qualification

To determine your Medical Score, review Table A and Table B on the reverse side and check your score.

Emergency treatment for pre-existing medical conditions will be covered if, prior to the effective date, they are stable for:

- Plans Zero and 1: 90 days
- Plans 2 and 3: 180 days
- Plans 4 and 5: 180 days

A) Optional Multi-Trip Check 10 or 30-day and enter the rate (before discount).

B) Daily Rate Enter your daily rate (before discount).

C) Premium Due Multiply the number of days required by the daily rate and add the premium from Box A (if applicable).

D) Tobacco Users Add 20% if you used tobacco in the past 3 years.

E) Optional 90-Day Stability for Plans 2,3,4 or 5
Add 30% (Coverage limited, see brochure page 2 for details).

F) Optional Deductibles If you do not want the \$250 CAD deductible check the appropriate box and adjust the total amount due.

TOTAL AMOUNT (less any discount and any deposit made).
(Minimum \$20 per Applicant)

\$ + \$ = \$

Applicant 1			
Applicant's first and last name			Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mth	Day	Year	Age

Mth	Day	Year
Mth	Day	Year
Mth	Day	Year

0 Points = Plan Zero
 1 Point = Plan 1
 2 Points = Plan 2
 3 Points = Plan 3
 4 Points = Plan 4
 5 Points or more = Plan 5

10-day \$ A
 30-day \$ A

\$ B

\$ C

\$ D

\$ E

\$0 add 15% F
 \$99 CAD add 10%
 \$500 CAD subtract 5%
 \$1,000 CAD subtract 15%
 \$5,000 CAD subtract 25%
 \$10,000 CAD subtract 35%

Applicant 2			
Applicant's first and last name			Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mth	Day	Year	Age

Mth	Day	Year
Mth	Day	Year
Mth	Day	Year

0 Points = Plan Zero
 1 Point = Plan 1
 2 Points = Plan 2
 3 Points = Plan 3
 4 Points = Plan 4
 5 Points or more = Plan 5

10-day \$ A
 30-day \$ A

\$ B

\$ C

\$ D

\$ E

\$0 add 15% F
 \$99 CAD add 10%
 \$500 CAD subtract 5%
 \$1,000 CAD subtract 15%
 \$5,000 CAD subtract 25%
 \$10,000 CAD subtract 35%

Make cheque payable to **Travel Insurance Office Inc.**

If paying by Visa or MasterCard, please provide card #

_____ - _____ - _____ - _____

____/____ Expiry Date

Check if you want your credit card charged 2 weeks prior to your departure.

Send receipt, policy and wallet cards to: Home Address **OR** Email _____

Complete both sides of this application and either: **MAIL** to Travel Insurance Office Inc., 190 Bullock Drive, Suites 1 & 2, Markham ON L3P 7N3
OR SCAN and EMAIL both sides to time@travelinsuranceoffice.com

ANY MISREPRESENTATION OF YOUR HEALTH WILL RESULT IN A DENIED CLAIM.

TIME Eligibility Requirements for Applicants ages 55-89: You must be age 89 or under on your effective date, have a valid Provincial Government Health Insurance card while travelling, and answer the following:

Application Side 2

	Applicant 1	Applicant 2
1. Do you have a terminal illness or has your physician advised you not to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had coronary bypass surgery and, if so, was your most recent coronary bypass more than 12 years before your Departure Date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the 3 years before your Departure Date, have you:		
a. been diagnosed with or received treatment (including medication) for 3 or more conditions in Table A?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. had 2 or more heart attacks, strokes or mini-strokes (TIA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. had 2 or more heart surgeries (including angioplasty and stent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. been treated (including medication) for congestive heart failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. had kidney disease stage 3 or higher?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. had stage III or stage IV cancer or cancer that has metastasized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the 12 months before your Departure Date, have you:		
a. been hospitalized for any condition(s) in Table A?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. had any lung condition requiring home oxygen or prednisone tablets (except a one time usage of prednisone for up to 14 days in duration)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. had chemotherapy, radiation therapy or any surgery for cancer (excluding the removal of skin lesions other than malignant melanoma)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to any of the questions above, you are NOT ELIGIBLE for coverage.

Medical Score Calculation: For each condition below, enter the required number of points.		Applicant 1	Applicant 2
Table A	Score 3 points for each condition you have been diagnosed with or received treatment (including medication) in the 3 years before your Departure Date. (Do not count Aspirin or Entrophen as treatment.)	Enter points	Enter points
	1. Heart condition		
	2. Any lung condition (other than a minor infection) requiring medication (including inhalers) prescribed for use on a daily basis		
	3. High Blood Pressure requiring 3 or more medications (including a water pill)		
	4. Diabetes treated with insulin		
	5. Stroke or mini-stroke (TIA)		
	6. Blood clots		
	7. Peripheral vascular disease		
	8. Aneurysm		
	9. Alzheimer's or dementia		
	10. Parkinson's		
	11. Liver disease/disorder (includes fatty liver) or pancreatitis		
	12. Kidney stones or disease		
Table B	Score 1 point for each condition you have been diagnosed with or received treatment (including medication) in the 3 years before your Departure Date. (Do not count Aspirin or Entrophen as treatment.)	Enter points	Enter points
	1. Any lung condition (other than a minor infection) requiring medication (including inhalers) prescribed for use on an as needed basis (do <u>not</u> score 1 point if you scored 3 points for the lung condition in Table A)		
	2. Diabetes treated with medication other than insulin (do <u>not</u> score 1 point if you scored 3 points for diabetes treated with insulin in Table A)		
	3. High Blood Pressure requiring 2 medications (including a water pill)		
	4. Seizure(s)		
	5. Cancer (excluding the removal of skin lesions other than malignant melanoma)		
	6. Diverticulitis/Diverticulosis or Irritable Bowel Syndrome		
	7. Any gastro-intestinal disease, disorder, bleed, abscess or infection (excluding acid reflux)		
	8. Bowel obstruction or bowel surgery		
	9. Ulcerative colitis or Crohn's disease		
	10. Gallbladder disease or gallstones (unless your gallbladder has been removed)		
	11. Fainting or syncope or sought treatment for a fall		
	12. Has it been more than 3 years since your last complete Medical examination (Physical) with a Physician? If yes, score 1 point.		
Medical Score: Your total points determine which Plan rate table to use.		Total	

Declaration and Authorization (You must read, sign, and date the following.)

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.

X Applicant 1 signature

Date

X Applicant 2 signature

Date