



Travellers Choice Medical Insurance 2023-2024 Application

Only available from



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

Underwritten by Zurich Insurance Company Ltd (Canadian Branch)
Zurich Travel Assist is the name of Zurich's administrative and claim adjudication services for your policy.
Zurich has appointed World Travel Protection Canada Inc. to administer Zurich Travel Assist

Name and Canadian Address Please correct any errors that appear below.

How to apply for coverage

Apply online at: **travelinsuranceoffice.com**

Mail: 190 Bullock Dr. Suites 1 & 2, Markham ON L3P 7N3

Email: tc@travelinsuranceoffice.com

Phone: 1-800-550-1295

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 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 55 years old:** If you answer "No" to the eligibility questions below, you qualify for Rate Table 1 "Lucky Duck".
- **Applicants age 56 to 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 <i>physician</i> advised you not to travel or have you been diagnosed with a <i>terminal illness</i> ? | 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you need assistance with dressing, eating, bathing, using a toilet, or changing positions due to an ongoing medical condition? | 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever had or are awaiting a stem cell, bone marrow, heart, kidney, liver, or lung transplant? | 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. In the 12 months before your application date, have you gone to an emergency room or 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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.**



- 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. 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 medication, had <i>treatment</i> , or had surgery for any of the following medical conditions: | | | |
| 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) Cancer (excluding basal cell or squamous cell skin cancer & breast cancer treated only with hormone therapy) | 1g Yes=25 | | |
| h) Liver condition (including fatty liver) | 1h Yes=30 | | |
| i) High blood pressure requiring 3 or more medications (including any water pill) | 1i Yes=30 | | |
| j) High blood pressure requiring only 2 medications (including any water pill) | 1j Yes=5 | | |
| k) Any lung condition (including pneumonia and use of inhalers, excluding a <i>minor ailment</i>) | 1k Yes=30 | | |
| l) Multiple Sclerosis | 1l Yes=30 | | |
| m) Pancreatitis | 1m Yes=25 | | |
| n) Peripheral vascular disease/PVD (including carotid artery stenosis) | 1n Yes=30 | | |
| o) Stroke or mini-stroke or Transient Ischemic Attack (TIA) | 1o Yes=30 | | |
| p) Parkinson’s | 1p Yes=25 | | |
| q) Blood clot | 1q Yes=20 | | |
| r) Leg or ankle swelling requiring Lasix or Furosemide | 1r Yes=10 | | |
| s) Blood disorder | 1s Yes=10 | | |
| t) Gallbladder disease or gallstones (unless gallbladder was removed) | 1t Yes=10 | | |
| u) Kidney condition (including kidney stones) | 1u Yes=10 | | |
| v) Epilepsy | 1v 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)? | 2 Yes=10 | | |
| 3. In the 12 months before your application date, have any of the following applied to you: | | | |
| a) taken prednisone | 3a Yes=10 | | |
| b) had 2 or more urinary tract infections | 3b Yes=5 | | |
| c) sought <i>treatment</i> for a fall | 3c Yes=10 | | |
| d) sought <i>treatment</i> for dizziness, fainting, or a seizure | 3d Yes=5 | | |
| e) been advised to use, or are using, a cane, a walker, or a wheelchair due to an ongoing medical condition | 3e Yes=5 | | |
| 4. In the 3 years before your application date, have you used any tobacco products? | 4 Yes=5 | | |
| 5. Was your last <i>physical</i> more than 2 years prior to your application date? | 5 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 coverage begins |
| 1-9 points | 2 | 90 days before your coverage begins |
| 10-29 points | 3 | 90 days before your coverage begins |
| 30-99 points | 4 | 90 days before your coverage begins |
| 100 points or more | You are <u>not</u> eligible for coverage. Please call. | |

Application Page 3 – Premium Calculation

- A) Your departure date from Canada (Coverage begins at 12:01 AM):
- B) The date you want coverage to begin:
(If topping-up other coverage, coverage begins at 12:01 AM.)
- C) Your expiry date of coverage: (Coverage ends at 11:59 PM.)
- D) Number of days required for a single trip, or if adding days to an annual plan, or if topping up other coverage:
- E) Rate Table used (check one box):
- Applicants age 15 days to 55 years old qualify for rate table 1.
 - Applicants age 56 to 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.)
- F) Option: If purchasing an annual plan, check one box:
(Not available if topping up other coverage.)
- G) Option: Enter your annual plan rate from the brochure (before discount):
- H) Enter your daily rate from the brochure (before discount):
- 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 and adjust the premium due:
- All deductibles are in US dollars.
- 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: Minus any deposit made.
(Minimum premium per person is \$20 CAD.)

| | Applicant 1 | Applicant 2 |
|----|--|--|
| A) | Mth Day Year | Mth Day Year |
| B) | Mth Day Year | Mth Day Year |
| C) | Mth Day Year | Mth Day Year |
| D) | Days | Days |
| E) | <input type="checkbox"/> Rate Table 1 <input type="checkbox"/> Rate Table 2 <input type="checkbox"/> Rate Table 3 <input type="checkbox"/> Rate Table 4 | <input type="checkbox"/> Rate Table 1 <input type="checkbox"/> Rate Table 2 <input type="checkbox"/> Rate Table 3 <input type="checkbox"/> Rate Table 4 |
| F) | <input type="checkbox"/> 5-day <input type="checkbox"/> 15-day <input type="checkbox"/> 25-day <input type="checkbox"/> 35-day | <input type="checkbox"/> 5-day <input type="checkbox"/> 15-day <input type="checkbox"/> 25-day <input type="checkbox"/> 35-day |
| G) | \$ | \$ |
| H) | \$ per day | \$ per day |
| I) | \$ | \$ |
| J) | \$ | \$ |
| K) | \$ | \$ |
| L) | <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 (-5%) <input type="checkbox"/> \$500 (-10%) <input type="checkbox"/> \$1,000 (-15%) <input type="checkbox"/> \$5,000 (-35%) <input type="checkbox"/> \$10,000 (-50%) | <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 (-5%) <input type="checkbox"/> \$500 (-10%) <input type="checkbox"/> \$1,000 (-15%) <input type="checkbox"/> \$5,000 (-35%) <input type="checkbox"/> \$10,000 (-50%) |
| M) | \$ | \$ |
| N) | \$ | \$ |
| O) | \$ | |

Declaration & Authorization

Please read, sign, and date at the bottom.

- I understand that it is my responsibility to be aware of all my medical conditions, and the answers I have provided are truthful and accurate. If I was uncertain of any answer, I confirm that I consulted my physician to be sure I answered the question correctly.
- I understand that any material misrepresentation or failure to disclose any material fact in this application will render the insurance voidable and result in non-payment of any claims.
- I understand that if my health changes prior to the date my coverage begins, I must contact **Travel Insurance Office Inc.**
- I understand that I must read the policy prior to travel because my coverage may be subject to certain limitations and exclusions, including exclusions relating to pre-existing medical conditions.
- I confirm I have read the Privacy Consent Notice on page 4 and in the policy, and I authorize the disclosure of my personal and health information.

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.**

Expires

Payment option 2: Visa or MasterCard: Card #

_____ - _____ - _____ - _____

_____ / _____

Check here if you prefer to have your credit card charged 2 weeks prior to your departure date.

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.)

Minor ailment means an illness, disease, or injury which ended more than 30 days prior to the date coverage was to begin, 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.

Physical means a periodic consultation with a *physician* either virtually or in-person scheduled in advance with the purpose of general health monitoring which may include routine medical tests and which is unrelated to any specific symptom, illness, condition or disease.

Physician is a person who is not you or a member of your immediate family or your traveling companion, licenced in the jurisdiction where their services are provided, to prescribe and administer medical treatment.

Stable describes any medical condition or related condition for which there:

- a) has been no new *treatment*; and
- b) has been no change in *treatment* or change in *treatment* frequency or type; and
- c) have been no signs or symptoms or new diagnosis; and
- d) have been no test results showing deterioration; and
- e) has been no hospitalization; and
- f) has been no referral to a specialist (made or recommended) and you are not awaiting the results of further investigations performed by any medical professional.

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*.

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 a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* including, but not limited to, prescribed medication, investigative testing that results in a diagnosis of a specific medical condition or surgery.

Privacy Consent Notice

By submitting the requested information, which may include, but is not limited to, name, address, date of birth, driver's licence number, medical information, financial information, driving record, automobile insurance policy history, and automobile insurance claims history, you are providing consent to Zurich Insurance Company Ltd and its subsidiaries and affiliates located in your country of residency or abroad (collectively, "Zurich"), for the collection, storage, use, disclosure, and processing of your personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to, risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. You are also providing consent to Zurich for the disclosure of your personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services ("Third Parties"). If your policy is being arranged by a broker or an agent, you authorize Zurich to collect, store, use, disclose, and process personal information received from such broker or agent in relation to the above-stated purposes. Additionally, by providing information about a third party, including but not limited to, a family member, director, officer, employee, or any party that has an interest in or derives a benefit from the policy, you hereby covenant and warrant that you have obtained the appropriate consent from such third party to disclose their personal information to Zurich and for Zurich to use and disclose such information for any of the above-stated purposes.

Zurich is committed to protecting the privacy and confidentiality of information provided. Your personal information may be processed by and is securely stored within the offices of Zurich and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws.

Zurich may retain your personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich's legal and regulatory obligations, resolve disputes, and enforce Zurich's agreements. You may request to review the personal information Zurich maintains about you and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

You may refuse to consent or withdraw your consent to the collection, storage, use, disclosure or processing of your personal information; however, your refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay any claim benefits payable under your policy.

Please contact the Zurich Privacy Officer if you require further information regarding the collection, use, disclosure, processing and storage of your personal information or if you have any complaints via email at privacy.zurich.canada@zurich.com. You can also review our Privacy Policy at <https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement>.



Travel Insurance Office Inc. TIO

Our office is closed to walk-in visitors

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

Ontario.....1-800-550-1295

Western Canada.....1-888-550-1295

Atlantic Canada.....1-877-550-1295

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