



# INSTRUCTIONS

These instructions have been designed for you to simplify the application process. **Read these instructions in full** before you begin. If you have any questions, please call Medipac for further assistance at **1-888-MEDIPAC** (1-888-633-4722).

## Before you begin:

- Review your policy carefully PRIOR to your departure; in particular, the “What is Not Covered” and the “General Limitations” sections. Certain exclusions and/or other limitations in benefits are applicable to your coverage.
- The policy contains Stability Period requirements which are applicable to any NEW and/or PRE-EXISTING medical conditions. If you do not meet the requirements of the Stability Period clauses, or you are ineligible for coverage, or have a change in health after your Date of Application and prior to your Effective Date of Insurance, it is important that you call us; coverage may be available through our Individual Underwritten Insurance.
- If you are unclear about ANY of your medical conditions or medications, consult your doctor.

**NOTE:** Trips in excess of 183 days are available to residents of **all** provinces and territories **except** QC, PEI, NWT and NU.

## Completing the Application:

- The application must be filled out in full and in PEN.
- Your Emergency Contact should not be the person with whom you are travelling.
- All of the medical questions in sections A, C and D must be answered unless you are under the age of 56 and travelling for less than 41 days. Changes **MUST** be initialled.
- An application cannot be processed without specific departure and return dates.

- If you are taking multiple trips, provide details on a separate piece of paper. Refer to section E. TRAVEL INFORMATION to make sure that you include all required details.
- Your application must be signed by both applicants and dated. Be sure that you **read and understand** the Declaration/Authorization section.

**Skipping any of the above steps will require correction and will delay processing of your application.**

## Helpful reminders:

- You **must** have a policy number before you leave for your trip.
- If you have **any change in health** after the date you completed your application and prior to your Effective Date of Insurance, you **must** call Medipac.
- Prior to seeking medical attention **you must call Medipac Assist**. Failure to call will result in benefits being limited (*see policy wording included*). If you are experiencing a medical emergency, call 911 first. As with all travel insurance plans, in the event of a claim, your medical records **will** be reviewed.
- Plans change prior to your departure date? Call Medipac to have your dates of travel changed. Your insurance cannot begin earlier than your effective date unless you notify Medipac in advance.
- Already on vacation and want to stay longer? Call Medipac **prior** to your scheduled return date to extend your policy (*see policy extension wording included*).
- Coming home a minimum of 10 days early? *See policy refund wording included*.



# CHECKLIST



## Before you submit your application, ensure that:

- All medical questions have been answered and any changes made to the application have been initialled by the individual applying for insurance.
- You have indicated your departure and return dates, trip length and deductible.
- Each applicant has signed and dated Section H with the date the application was actually signed.
- Your payment is included.

## To Pay In Full:

- To pay in full, include a cheque payable to Medipac Travel Insurance or complete the credit card information in section I.

## To Pay in 2 Equal Instalments (only available with payment by cheque for trips of more than 41 days):

- To take advantage of the 2-instalment option, include one cheque marked VOID (post-dated cheques are not required).
- The first of your 2 payments will be collected on the date your application is processed. The balance of your premium will be collected one month following that date.



If you are travelling for less than 41 days and you are under the age of 56, you do not have to complete sections A, C and D of this application.  
If you are uncertain of your answer to any of the medical questions, consult your doctor.

A. ELIGIBILITY			APPLICANT 1		APPLICANT 2		
			YES	NO	YES	NO	
1	Have you been diagnosed as having a terminal illness, been advised by a physician not to travel or do you have HIV, AIDS or AIDS-related complex?	1	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2	Have you been diagnosed with Pulmonary Fibrosis or Interstitial Lung Disease?	2	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3	Have you EVER had stem cell treatment or an organ or bone marrow transplant (excluding cornea or skin graft)?	3	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4	During the 5 YEARS prior to the date of this application, have you been treated for, taken or been prescribed medication for, or been diagnosed with Lung Cancer, Metastatic Cancer or two (2) or more cancers (excluding Basal Cell and Squamous Cell Skin Cancer)?	4	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5	Do you HAVE a Cardiac condition with an ejection fraction of LESS THAN 40% or a ventricular function grade of 3 or 4?	5	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6	Do you HAVE Moderately Severe or Severe Cardiac Valve Stenosis?	6	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7	Do you HAVE an Aneurysm greater than 4.5 cm in size (diameter or width) which remains surgically untreated?	7	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
8	During the 6 MONTHS prior to the date of this application, have you:						
	a	undergone Chemotherapy for Cancer or Malignant Tumour(s)?	8a	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	b	had Cardiac Pacemaker Implant surgery, Coronary Bypass surgery or surgery on ANY artery?	8b	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9	During the 12 MONTHS prior to the date of this application have you:						
	a	had any other Heart surgery (including Ablation, Cardiac Defibrillator Implant, Angioplasty and/or Stent), had a Heart Attack or an episode of Congestive Heart Failure?	9a	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	b	had a Stroke, a Transient Ischemic Attack (TIA) or a Ministroke?	9b	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	c	had ANY Chronic Lung Disease (including Emphysema, Chronic Obstructive Pulmonary Disease [COPD], Chronic Bronchitis, Reactive Airway Disease or Asthma) which caused you to be hospitalized for more than 24 consecutive hours, or for which you have taken or been prescribed Prednisone or Solu-Medrol?	9c	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	d	taken or been prescribed Home Oxygen for any reason?	9d	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	e	taken or been prescribed Insulin or two (2) or more medications for Diabetes AND medication for a heart condition? <i>If medication is taken or prescribed for only one condition, answer "No" to this question.</i> The term "medication" includes Nitroglycerin in any form.	9e	<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 in Section A, YOU ARE NOT ELIGIBLE to purchase this plan. Call 1-877-888-5259 and ask about our Individual Underwritten Insurance.



If you answered NO to ALL the questions in Section A, YOU ARE ELIGIBLE to purchase this plan. Please complete the application.

B. PERSONAL INFORMATION				Please Print			
APPLICANT 1				APPLICANT 2			
Name:				Name:			
Date of Birth: Day: _____ Month: _____ Year: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth: Day: _____ Month: _____ Year: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Provincial Health Card #:		Version Code: <i>if any (ON only)</i>		Provincial Health Card #:		Version Code: <i>if any (ON only)</i>	
Pre-retirement employer:		Position:		Pre-retirement employer:		Position:	
Have you smoked cigarettes in the 3 years prior to the date of this application?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you smoked cigarettes in the 3 years prior to the date of this application?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Doctor's Name:		Phone: ( )		Doctor's Name:		Phone: ( )	
Specialist's Name (if any):		Phone: ( )		Specialist's Name (if any):		Phone: ( )	
Specialty Type:				Specialty Type:			
Emergency Contact Person not travelling with you:		Phone: ( )		Emergency Contact Person not travelling with you:		Phone: ( )	
CANADIAN ADDRESS (Both Applicants)				OUT-OF-COUNTRY ADDRESS (Both Applicants)			
Street Name & Number:		Apt # or Lot #:		Street Name & Number:		Apt # or Lot #:	
City:	Province:	Postal Code:		City:	State:	Zip Code:	
E-mail:		Phone: ( )		E-mail:		Phone: ( )	
Please mail my insurance policy to my: <input type="checkbox"/> Canadian Address				<input type="checkbox"/> Out-of-Country Address			

<b>C. RATE QUALIFICATION - PART 1</b>			APPLICANT 1 YES NO	APPLICANT 2 YES NO
1	<b>Have you EVER</b> had Congestive Heart Failure or Heart surgery of <b>ANY</b> kind ( <b>including</b> Ablation, Coronary Bypass, Cardiac Pacemaker Implant, Cardiac Defibrillator Implant, Angioplasty and/or Stent)?	1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	<b>During the 5 YEARS</b> prior to the date of this application, have you been treated for, taken or been prescribed medication for, or been diagnosed with:			
	<b>a</b> narrowing or blockage of <b>ANY</b> Artery ( <b>including</b> Pulmonary Embolism [PE], Peripheral Vascular Disease [PVD] or Carotid Stenosis), an Aneurysm, a Heart Attack, <b>ANY</b> Heart Condition ( <b>including</b> Atrial Fibrillation or Irregular Heartbeat) or Angina? The term "medication" includes Nitroglycerin in any form.	2a	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b</b> Chronic Lung Disease ( <b>including</b> Emphysema, Chronic Obstructive Pulmonary Disease [COPD] or Chronic Bronchitis)?	2b	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>c</b> a Stroke, a Transient Ischemic Attack (TIA), a Ministroke or Amaurosis Fugax ( <b>excluding</b> treatment with aspirin)?	2c	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	<b>During the 3 YEARS</b> prior to the date of this application, have you been treated for, taken or been prescribed medication for, or been diagnosed with Chronic Bowel Disease or Disorder ( <b>including</b> Crohn's Disease, Diverticulitis or Irritable Bowel Syndrome), Pancreatitis or Gastrointestinal Bleeding?	3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	<b>During the 2 YEARS</b> prior to the date of this application, have you taken or been prescribed two (2) or more inhalers ( <b>including</b> a rescue inhaler)?	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	<b>During the 12 MONTHS</b> prior to the date of this application, have you been treated for, taken or been prescribed medication for, or been diagnosed with Cancer or Malignant Tumours ( <b>excluding</b> Basal Cell and Squamous Cell Skin Cancer)? The term "medication" <b>excludes</b> Tamoxifen and <b>ANY</b> other Hormone Treatment.	5	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	<b>During the 3 MONTHS</b> prior to the date of this application, have you taken or been prescribed:			
	<b>a</b> Corticosteroids ( <b>including</b> Prednisone and Solu-Medrol) for more than 15 days ( <b>excluding</b> inhalers, topical medications and eye drops)?	6a	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b</b> a total of 3 or more medications for Diabetes ( <b>including</b> Glucose Intolerance), Hypertension (High Blood Pressure) or both? The term "medication" includes diuretics (water pills).	6b	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	<b>Have you been diagnosed with</b> Lou Gehrig's Disease (ALS), Muscular Dystrophy, Myasthenia Gravis, Cerebral Palsy, Multiple Sclerosis or Dementia ( <b>including</b> Alzheimer's Disease)?	7	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	<b>Do you HAVE</b> reduced Kidney function with an eGFR of less than 45 <b>and/or</b> Cirrhosis of the Liver?	8	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	<b>Do you HAVE</b> Diabetes requiring Insulin?	9	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>D. RATE QUALIFICATION - PART 2</b>			APPLICANT 1 YES NO	APPLICANT 2 YES NO
1	<b>Have you EVER</b> had narrowing or blockage of <b>ANY</b> Artery ( <b>including</b> Pulmonary Embolism [PE], Peripheral Vascular Disease [PVD] or Carotid Stenosis), an Aneurysm, a Heart Attack, <b>ANY</b> Heart Condition ( <b>including</b> Atrial Fibrillation or Irregular Heartbeat) or Angina?	1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	<b>Have you EVER</b> had a Stroke, a Transient Ischemic Attack (TIA) or a Ministroke?	2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	<b>Do you HAVE</b> Diabetes ( <b>including</b> Glucose Intolerance) requiring medication?	3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	<b>During the 2 YEARS</b> prior to the date of this application, have you been treated for, taken or been prescribed medication for, or been diagnosed with:			
	<b>a</b> a Blood Disorder by an Internist or a Hematologist?	4a	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b</b> Epilepsy or any other Seizure Disorder ( <b>including</b> an untreated episode)?	4b	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>c</b> Parkinson's Disease?	4c	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>d</b> Transient Global Amnesia?	4d	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	<b>During the 12 MONTHS</b> prior to the date of this application, have you had a Fainting Spell or a Syncopal Episode?	5	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	<b>During the 3 MONTHS</b> prior to the date of this application, have you taken or been prescribed:			
	<b>a</b> Anticoagulants ( <b>excluding</b> aspirin)?	6a	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b</b> Lasix or Furosemide?	6b	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>c</b> any Immunosuppressive Drugs ( <b>excluding</b> Methotrexate)?	6c	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

### WHICH PLAN DO YOU QUALIFY FOR?

If you answered <b>NO</b> to <b>ALL</b> of the questions in section C and D,	If you answered <b>NO</b> to <b>ALL</b> of the questions in section C but <b>YES</b> to <b>ANY</b> of the questions in section D,	If you answered <b>YES</b> to <b>ANY</b> of the questions in section C,
<b>YOU QUALIFY FOR THE PREFERRED PLUS PLAN</b>	<b>YOU QUALIFY FOR THE PREFERRED PLAN</b>	<b>YOU QUALIFY FOR THE STANDARD PLAN</b>



**NEED HELP? Call 1-888-MEDIPAC**  
 1-888-633-4722 • (416) 441-7070 in the GTA • Fax # (416) 441-7030  
 Medipac Travel Insurance, 180 Lesmill Road, Toronto, ON M3B 2T5 • www.medipac.com

Underwritten by  
**Old Republic Insurance Company of Canada**  
 In Quebec underwritten by  
 Reliable Life Insurance Company  
 Administered by Medipac International Inc.

## E. TRAVEL INFORMATION

APPLICANT 1	SINGLE TRIP DETAILS	APPLICANT 2																																			
<i>Must be completed even if topping up.</i>																																					
Date of Departure: Day: _____ Month: _____ Year: _____	<input type="checkbox"/> Same as applicant 1 Date of Departure: Day: _____ Month: _____ Year: _____	Date of Departure: Day: _____ Month: _____ Year: _____																																			
Scheduled Return Date: Day: _____ Month: _____ Year: _____	Scheduled Return Date: Day: _____ Month: _____ Year: _____	Scheduled Return Date: Day: _____ Month: _____ Year: _____																																			
<b>OTHER INSURANCE COVERAGE</b>																																					
<i>If you have other Insurance with similar Out-of-Country Extended Health Benefits, provide details. Must be completed if topping up, or applying for Federal Superannuate Credit.</i>																																					
<input type="checkbox"/> I am a <b>Superannuate</b> and I request that my policy be issued with a deductible of \$500,000 CAD for the first 40 days of my trip.	<input type="checkbox"/> I am a <b>Superannuate</b> and I request that my policy be issued with a deductible of \$500,000 CAD for the first 40 days of my trip.	<input type="checkbox"/> I am a <b>Superannuate</b> and I request that my policy be issued with a deductible of \$500,000 CAD for the first 40 days of my trip.																																			
<input type="checkbox"/> I am <b>topping up</b> my other insurance and request that my Medipac Effective Date be: Day: _____ Month: _____ Year: _____	<input type="checkbox"/> I am <b>topping up</b> my other insurance and request that my Medipac Effective Date be: Day: _____ Month: _____ Year: _____	<input type="checkbox"/> I am <b>topping up</b> my other insurance and request that my Medipac Effective Date be: Day: _____ Month: _____ Year: _____																																			
Name of Plan: _____	Number of days covered: _____	Name of Plan: _____	Number of days covered: _____																																		
Insurance Company: _____	<input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage	Insurance Company: _____	<input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage																																		
Policy #: _____	Certificate # _____	Policy #: _____	Certificate # _____																																		
<b>NUMBER OF DAYS APPLIED FOR (see rate tables for trip lengths)</b>																																					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">3</td><td style="border: 1px solid black; padding: 2px;">6</td><td style="border: 1px solid black; padding: 2px;">9</td><td style="border: 1px solid black; padding: 2px;">12</td><td style="border: 1px solid black; padding: 2px;">15</td><td style="border: 1px solid black; padding: 2px;">18</td><td style="border: 1px solid black; padding: 2px;">21</td><td style="border: 1px solid black; padding: 2px;">24</td><td style="border: 1px solid black; padding: 2px;">27</td><td style="border: 1px solid black; padding: 2px;">30</td><td style="border: 1px solid black; padding: 2px;">33</td><td style="border: 1px solid black; padding: 2px;">36</td><td style="border: 1px solid black; padding: 2px;">40</td><td style="border: 1px solid black; padding: 2px;">50</td><td style="border: 1px solid black; padding: 2px;">60</td><td style="border: 1px solid black; padding: 2px;">66</td><td style="border: 1px solid black; padding: 2px;">75</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">82</td><td style="border: 1px solid black; padding: 2px;">90</td><td style="border: 1px solid black; padding: 2px;">96</td><td style="border: 1px solid black; padding: 2px;">105</td><td style="border: 1px solid black; padding: 2px;">112</td><td style="border: 1px solid black; padding: 2px;">120</td><td style="border: 1px solid black; padding: 2px;">126</td><td style="border: 1px solid black; padding: 2px;">135</td><td style="border: 1px solid black; padding: 2px;">142</td><td style="border: 1px solid black; padding: 2px;">150</td><td style="border: 1px solid black; padding: 2px;">156</td><td style="border: 1px solid black; padding: 2px;">165</td><td style="border: 1px solid black; padding: 2px;">175</td><td style="border: 1px solid black; padding: 2px;">183</td><td style="border: 1px solid black; padding: 2px;">190</td><td style="border: 1px solid black; padding: 2px;">200</td><td style="border: 1px solid black; padding: 2px;">212</td> </tr> </table>				3	6	9	12	15	18	21	24	27	30	33	36	40	50	60	66	75	82	90	96	105	112	120	126	135	142	150	156	165	175	183	190	200	212
3	6	9	12	15	18	21	24	27	30	33	36	40	50	60	66	75																					
82	90	96	105	112	120	126	135	142	150	156	165	175	183	190	200	212																					
<b>ANNUAL ADD-ON</b>																																					
<input type="checkbox"/> I am purchasing the <b>Annual Add-on:</b> <input type="checkbox"/> 23-day <input type="checkbox"/> 33-day		<input type="checkbox"/> I am purchasing the <b>Annual Add-on:</b> <input type="checkbox"/> 23-day <input type="checkbox"/> 33-day																																			
<input type="checkbox"/> A. to start on my Effective Date of Insurance, <b>OR</b>		<input type="checkbox"/> A. to start on my Effective Date of Insurance, <b>OR</b>																																			
<input type="checkbox"/> B. to start on Day: _____ Month: _____ Year: _____		<input type="checkbox"/> B. to start on Day: _____ Month: _____ Year: _____																																			
<i>For Option B, this date must be between the date your application is processed and your Effective Date of Insurance. You must buy a minimum 22-24 day trip to purchase the 23-day Annual Add-on or a minimum 31-33 day trip to purchase the 33-day Annual Add-on.</i>																																					
<b>MEDIPAC PLUS</b>																																					
<input type="checkbox"/> Yes I would like to add MedipacPLUS.		<input type="checkbox"/> Yes I would like to add MedipacPLUS.																																			

## F. PREMIUM CALCULATION

Rate Category:	<input type="checkbox"/> Preferred PLUS	<input type="checkbox"/> Preferred	<input type="checkbox"/> Standard	Rate Category:	<input type="checkbox"/> Preferred PLUS	<input type="checkbox"/> Preferred	<input type="checkbox"/> Standard				
Select USD Deductible:	<input type="checkbox"/> \$0	<input type="checkbox"/> \$99	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	Select USD Deductible:	<input type="checkbox"/> \$0	<input type="checkbox"/> \$99	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
Age at Departure:				Age at Departure:							
Single Trip Rate for Applicant 1:				Single Trip Rate for Applicant 2:							
<b>SUBTRACT</b> Total discount: ( _____ ) %	-			<b>SUBTRACT</b> Total discount: ( _____ ) %	-						
<b>ADD</b> Annual Add-on Rate (if applicable):	+			<b>ADD</b> Annual Add-on Rate (if applicable):	+						
<b>Rate Subtotal:</b>	=			<b>Rate Subtotal:</b>	=						
<b>ADD</b> 10% if taking a \$0 Deductible:	+			<b>ADD</b> 10% if taking a \$0 Deductible:	+						
<b>Subtotal:</b>	=			<b>Subtotal:</b>	=						
<b>ADD</b> 20% if you have smoked cigarettes in the 3 years prior to the date of this application:	+			<b>ADD</b> 20% if you have smoked cigarettes in the 3 years prior to the date of this application:	+						
<b>SUBTRACT</b> Federal Superannuate Credit (if applicable):	-			<b>SUBTRACT</b> Federal Superannuate Credit (if applicable):	-						
<b>ADD</b> \$59 for MedipacPLUS (if applicable):	+			<b>ADD</b> \$59 for MedipacPLUS (if applicable):	+						
<b>Subtotal:</b>	=			<b>Subtotal:</b>	=						
<b>Saskatchewan residents ONLY</b> add 6% PST	+			<b>Saskatchewan residents ONLY</b> add 6% PST	+						
<b>Total Premium for Applicant 1:</b>	=			<b>Total Premium for Applicant 2:</b>	=						

## G. PAYMENT OPTION

**All premiums are in Canadian dollars**

**OPTION 1: Pay in Full.**  
Make your cheque payable to Medipac Travel Insurance or fill out the credit card information in Section I.

**OPTION 2: Pay by Instalments.** See instructions for details. Include a void cheque or fill out the credit card information in Section I. Not available for trips less than 41 days.

# THIS BOX IS FOR ADMINISTRATION USE ONLY

APPLICANT 1 POLICY #

CHECKED BY: \_\_\_\_\_

APPLICANT 2 POLICY #

PROCESSED BY: \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## H. DECLARATION/AUTHORIZATION

**IMPORTANT NOTICE:** This application must be completed, dated and signed in Canada prior to departure.

I certify that all answers and information provided by me in this application are true and complete to the best of my knowledge and belief. I understand that in applying for coverage under this policy, it is my responsibility to be aware of all my medical conditions. I agree that any false or misleading statement in the making of this application shall render any resulting policy NULL and VOID. Accordingly, should my health change at any time **between the date of this application and my Effective Date of Insurance**, I must contact Medipac International Inc. (Medipac). At that time, it will be determined whether I am still eligible for coverage and, if eligible, at what rate. **If I do not contact Medipac and my change in health is related to the conditions noted in this application, this will be considered a misrepresentation and my policy may be void or my claim denied. If I do not date this application, then the date on which Medipac receives this completed application will be considered as the Date Signed.**

The information collected on this application for insurance is required for the purposes of considering and, if approved, processing my application for travel emergency medical insurance and for administering the insurance, including but not limited to: administration and investigation of claims; determination of the validity of, and any duplication of, coverage; and the applicability of any exclusions which may extinguish or limit the right to insurance benefits. This information, and information in their existing insurance files, shall be used by and exchanged among Old Republic Insurance Company of Canada, Reliable Life Insurance Company, its reinsurers, Medipac, Medipac Assistance International Inc. (Medipac Assist) and any duly authorized agents of them, for all of these purposes. Medipac reserves the right to refuse any application.

I **acknowledge** receipt of, and confirm my agreement with, the NOTICE ON PRIVACY (included with this application).

I **herby authorize** Medipac to use my name, address and e-mail in order to offer me additional products and services, but my consent to the use of my information for this additional purpose is optional. (If you do not wish your information to be used for this purpose, please call 1-888-633-4722.)

I **herby authorize** any physician, practitioner, health-care provider, hospital, health-care institution, medical organization, clinic and any other medical or medically related facility, insurance company, Workers' Compensation Board or similar plan or organization and the Ministry of Health to release and exchange with Medipac, Medipac Assist, Old Republic Insurance Company of Canada and Reliable Life Insurance Company, or representatives thereof, my complete medical records, including medical treatment provided by my Primary Care Physician and treatment I received, am about to receive or may receive in the future. I authorize the period of 12 months from the date of my notice of claim as the period of access to, and disclosure of, my individually identifiable health information in accordance with the Canadian PIPEDA (Personal Information Protection and Electronic Documents Act) and U.S. HIPAA (Health Insurance Portability and Accountability Act) Privacy Practices. A photocopy of this authorization shall be as valid as the original.

I **herby acknowledge** that I have read and understand the policy. I further acknowledge that the policy will exclude certain Pre-Existing Conditions that were not Stable and Controlled during the 90 days immediately prior to my requested Effective Date of Insurance (or any Departure Date under the Annual Add-on), including any reaction to a change in medication; or which required a total of three (3) or more Emergency Room visits, Hospitalizations, Day Surgeries or any combination of all three; and/or a single Hospitalization for more than 48 consecutive hours, in the 12 months prior to that date. I understand that the policy contains other exclusions (included with this application).

I further understand that all answers to all questions in this application must be and remain true up to and including the Effective Date of Insurance; otherwise, my coverage will be NULL and VOID.

 **DATE and SIGN below** 



\_\_\_\_\_  
 Signature of Applicant 1



\_\_\_\_\_  
 Signature of Applicant 2

\_\_\_\_\_  
 Applicant 1 - Print Name in Full

\_\_\_\_\_  
 Applicant 2 - Print Name in Full



Date Signed: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

## I. CREDIT CARD PAYMENT OPTION

All premiums are in Canadian dollars

Cardholder Name:

Visa

MasterCard

Card #:

Expiry Date:  
 Month: \_\_\_\_\_

Year: \_\_\_\_\_

Check here if, in the event of a claim, you would like your deductible (if any) charged to your credit card.

## Preferred PLUS Rates - \$ 99 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	131	181	216	240	346	531	989	1,499
51-60	159	219	250	292	420	645	1,154	1,631
61-66	192	264	310	360	485	774	1,291	1,853
67-75	230	324	362	430	574	890	1,552	2,092
76-82	263	352	394	474	640	974	1,766	2,291
83-90	295	379	414	530	695	1,090	1,925	2,458
91-96	320	407	454	582	756	1,233	2,054	2,604
97-105	356	446	485	652	855	1,379	2,242	2,920
106-112	389	479	522	715	928	1,499	2,411	3,173
113-120	430	529	583	759	999	1,598	2,578	3,499
121-126	469	592	664	806	1,074	1,710	2,808	3,708
127-135	510	658	752	892	1,190	1,829	3,062	4,037
136-142	540	717	817	948	1,274	1,947	3,300	4,387
143-150	563	752	856	1,009	1,351	2,050	3,474	4,669
151-156	597	790	923	1,070	1,466	2,183	3,630	4,958
157-165	648	840	980	1,151	1,569	2,298	3,793	5,190
166-175	704	884	1,020	1,219	1,665	2,420	3,988	5,486
176-183	734	916	1,074	1,274	1,760	2,530	4,165	5,698
184-190	810	988	1,152	1,352	1,868	2,652	4,371	6,234
191-200	895	1,100	1,245	1,451	2,107	2,859	4,787	6,828
201-212	1,040	1,284	1,427	1,653	2,434	3,179	5,366	7,664

Trips in excess of 183 days are available to residents of all provinces and territories **except** QC, PEI and NU.

ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
		65	70	92	112	131	187	288
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	89	99	131	161	190	271	420	526

Zero Deductible add 10%  
to \$99 Deductible Rates

## Preferred PLUS Rates - \$ 1,000 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	126	164	197	224	304	472	874	1,285
51-60	133	181	210	245	351	564	988	1,398
61-66	161	217	259	301	405	686	1,105	1,593
67-75	207	266	302	374	483	787	1,298	1,816
76-82	227	295	330	424	560	871	1,474	1,978
83-90	243	305	343	456	593	951	1,630	2,099
91-96	271	333	368	488	650	1,070	1,754	2,276
97-105	299	356	407	553	720	1,191	1,927	2,512
106-112	330	389	430	600	785	1,298	2,068	2,722
113-120	364	434	484	638	858	1,392	2,230	2,951
121-126	399	487	574	679	905	1,491	2,415	3,145
127-135	436	548	650	748	974	1,591	2,637	3,437
136-142	462	593	680	799	1,063	1,685	2,840	3,748
143-150	482	616	716	857	1,143	1,770	3,003	4,014
151-156	510	629	763	902	1,230	1,894	3,134	4,250
157-165	553	689	816	964	1,334	2,030	3,256	4,477
166-175	598	713	848	999	1,420	2,110	3,398	4,731
176-183	634	734	890	1,049	1,463	2,197	3,574	4,944
184-190	675	802	943	1,113	1,577	2,307	3,751	5,371
191-200	766	915	1,051	1,225	1,780	2,489	4,108	5,860
201-212	890	1,069	1,204	1,395	2,058	2,767	4,606	6,561

Trips in excess of 183 days are available to residents of all provinces and territories **except** QC, PEI and NU.

ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
		55	68	81	95	110	165	251
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	73	89	116	137	158	241	369	462



## Preferred PLUS Rates - \$ 5,000 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	106	130	163	190	254	385	673	1,041
51-60	111	160	190	223	309	462	789	1,167
61-66	138	194	217	275	357	540	930	1,331
67-75	166	229	254	330	410	620	1,081	1,529
76-82	192	247	274	370	450	684	1,200	1,639
83-90	214	273	304	399	480	763	1,308	1,724
91-96	233	297	331	437	520	843	1,420	1,857
97-105	259	323	360	484	574	930	1,537	2,164
106-112	284	342	390	518	635	1,013	1,655	2,276
113-120	308	388	430	558	695	1,090	1,788	2,511
121-126	330	427	498	590	752	1,172	1,928	2,628
127-135	350	462	534	620	829	1,254	2,090	2,897
136-142	370	494	562	654	880	1,335	2,240	3,163
143-150	394	513	590	693	934	1,410	2,374	3,356
151-156	418	529	629	731	999	1,491	2,474	3,559
157-165	446	564	674	778	1,074	1,585	2,590	3,745
166-175	480	592	695	830	1,124	1,656	2,730	3,950
176-183	512	614	723	867	1,189	1,730	2,865	4,097
184-190	550	669	763	914	1,280	1,821	3,009	4,494
191-200	619	763	833	993	1,446	1,965	3,296	4,900
201-212	677	892	960	1,133	1,668	2,185	3,695	5,502
Trips in excess of 183 days are available to residents of <b>all</b> provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	48	58	67	77	91	131	193	253
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	59	82	96	111	132	191	284	374

## Preferred PLUS Rates - \$ 10,000 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	78	117	144	166	214	351	619	892
51-60	96	135	161	184	242	409	690	1,010
61-66	111	150	186	216	292	485	798	1,154
67-75	134	164	204	274	350	559	962	1,326
76-82	154	188	223	308	394	617	1,074	1,433
83-90	174	211	244	330	434	673	1,173	1,580
91-96	194	238	263	364	474	754	1,273	1,716
97-105	213	258	284	396	526	853	1,371	1,884
106-112	233	282	313	433	573	930	1,498	2,006
113-120	260	321	364	466	626	992	1,617	2,179
121-126	283	359	407	500	674	1,059	1,749	2,304
127-135	304	396	454	547	740	1,134	1,910	2,433
136-142	324	423	494	583	804	1,203	2,030	2,746
143-150	344	446	529	625	850	1,272	2,152	2,913
151-156	364	464	560	660	908	1,348	2,261	3,090
157-165	386	498	595	704	972	1,430	2,363	3,244
166-175	420	528	626	740	1,031	1,504	2,482	3,437
176-183	454	555	646	774	1,074	1,571	2,600	3,540
184-190	485	595	677	810	1,158	1,648	2,722	3,897
191-200	554	678	769	897	1,308	1,778	2,981	4,259
201-212	641	793	882	1,024	1,513	1,977	3,345	4,782
Trips in excess of 183 days are available to residents of <b>all</b> provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	44	52	59	67	77	110	161	202
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	49	74	84	96	112	161	237	299

## Preferred Rates - \$99 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	249	298	343	530	641	914	1,388	1,910
51-60	330	355	418	633	754	1,064	1,579	2,207
61-66	353	395	470	692	847	1,196	1,846	2,474
67-75	392	461	540	774	950	1,326	2,119	2,780
76-82	463	498	580	828	1,040	1,472	2,406	3,061
83-90	513	540	620	886	1,110	1,635	2,628	3,358
91-96	545	580	674	970	1,210	1,819	2,969	3,704
97-105	598	651	765	1,074	1,359	1,995	3,281	4,064
106-112	639	727	863	1,163	1,498	2,177	3,539	4,385
113-120	690	822	974	1,252	1,615	2,350	3,865	4,702
121-126	740	899	1,104	1,344	1,774	2,481	4,188	5,029
127-135	810	984	1,210	1,450	1,928	2,692	4,508	5,369
136-142	875	1,090	1,311	1,553	2,067	2,873	4,786	5,662
143-150	922	1,187	1,439	1,660	2,192	3,067	5,115	6,128
151-156	975	1,293	1,544	1,763	2,332	3,253	5,331	6,587
157-165	1,050	1,410	1,651	1,863	2,489	3,450	5,636	6,953
166-175	1,133	1,513	1,755	1,954	2,650	3,635	5,896	7,330
176-183	1,204	1,607	1,863	2,074	2,796	3,820	6,133	7,697
184-190	1,323	1,723	1,988	2,197	3,022	4,091	6,465	8,084
191-200	1,483	1,907	2,157	2,389	3,416	4,422	7,132	8,769
201-212	1,723	2,165	2,521	2,711	3,817	4,779	7,965	9,804

Trips in excess of 183 days are available to residents of all provinces and territories **except** QC, PEI and NU.

ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	79	93	126	174	203	291	407	502
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	111	132	180	251	294	425	598	739

Zero Deductible add 10% to \$99 Deductible Rates

## Preferred Rates - \$ 1,000 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	213	258	294	419	553	778	1,176	1,655
51-60	277	305	359	530	630	918	1,337	1,889
61-66	299	333	404	605	731	1,018	1,574	2,141
67-75	337	395	477	676	821	1,127	1,807	2,410
76-82	388	446	499	720	911	1,253	2,052	2,682
83-90	430	470	522	764	966	1,394	2,291	2,908
91-96	464	499	553	821	1,023	1,546	2,532	3,208
97-105	510	544	600	932	1,174	1,720	2,797	3,517
106-112	540	592	674	1,018	1,296	1,856	3,020	3,797
113-120	574	658	820	1,099	1,396	2,011	3,296	4,072
121-126	610	712	924	1,141	1,534	2,155	3,573	4,355
127-135	653	795	980	1,250	1,666	2,297	3,925	4,649
136-142	705	884	1,064	1,360	1,784	2,424	4,188	4,903
143-150	745	960	1,161	1,446	1,897	2,609	4,423	5,308
151-156	798	1,040	1,258	1,537	2,012	2,774	4,595	5,610
157-165	850	1,163	1,355	1,610	2,157	2,965	4,779	6,022
166-175	908	1,230	1,438	1,674	2,298	3,118	5,092	6,397
176-183	966	1,298	1,497	1,735	2,429	3,265	5,212	6,725
184-190	1,069	1,395	1,598	1,876	2,617	3,450	5,518	6,998
191-200	1,196	1,545	1,733	2,067	2,917	3,703	5,972	7,597
201-212	1,372	1,756	2,011	2,345	3,303	4,077	6,801	8,492

Trips in excess of 183 days are available to residents of all provinces and territories **except** QC, PEI and NU.

ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	65	75	110	142	164	230	332	437
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	92	107	157	204	238	336	488	647



## Preferred Rates - \$5,000 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	165	199	242	341	430	614	942	1,339
51-60	215	234	280	430	519	720	1,087	1,518
61-66	236	261	317	478	580	821	1,236	1,688
67-75	259	309	356	528	650	912	1,461	1,953
76-82	312	338	380	569	724	1,001	1,659	2,184
83-90	347	361	408	599	767	1,127	1,798	2,347
91-96	368	394	450	650	807	1,252	2,051	2,599
97-105	401	443	523	738	930	1,383	2,247	2,853
106-112	431	493	607	799	1,024	1,498	2,443	3,064
113-120	470	564	698	860	1,105	1,610	2,658	3,297
121-126	502	615	774	927	1,220	1,710	2,912	3,532
127-135	538	676	831	974	1,326	1,864	3,177	3,771
136-142	597	757	923	1,060	1,415	1,982	3,391	3,977
143-150	630	814	987	1,151	1,509	2,119	3,583	4,305
151-156	667	885	1,065	1,222	1,605	2,246	3,723	4,628
157-165	720	986	1,164	1,266	1,718	2,399	3,949	4,887
166-175	769	1,053	1,241	1,350	1,849	2,530	4,107	5,191
176-183	820	1,099	1,298	1,410	1,902	2,648	4,231	5,440
184-190	907	1,184	1,390	1,493	2,083	2,790	4,468	5,676
191-200	1,017	1,311	1,510	1,646	2,329	3,052	4,836	6,161
201-212	1,183	1,490	1,724	1,801	2,632	3,237	5,507	6,853
Trips in excess of 183 days are available to residents of all provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	55	73	91	115	133	190	271	351
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	78	104	131	161	193	277	398	519

## Preferred Rates - \$10,000 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	147	175	204	295	392	562	855	1,189
51-60	189	197	224	379	478	648	979	1,371
61-66	210	234	260	430	535	727	1,145	1,539
67-75	236	258	290	481	585	820	1,315	1,732
76-82	280	310	340	512	651	912	1,497	1,938
83-90	311	329	374	545	691	1,014	1,634	2,093
91-96	340	353	440	585	752	1,129	1,847	2,308
97-105	367	399	500	658	840	1,252	2,041	2,532
106-112	391	449	520	728	929	1,352	2,203	2,733
113-120	421	512	598	773	998	1,456	2,406	2,930
121-126	452	553	674	817	1,099	1,548	2,609	3,135
127-135	496	606	748	908	1,196	1,681	2,865	3,348
136-142	528	667	824	973	1,283	1,787	3,060	3,565
143-150	566	728	888	1,039	1,360	1,906	3,213	3,822
151-156	598	797	963	1,098	1,448	2,024	3,357	4,108
157-165	649	865	1,042	1,140	1,548	2,164	3,548	4,337
166-175	692	931	1,124	1,230	1,652	2,278	3,697	4,609
176-183	740	989	1,174	1,288	1,741	2,381	3,808	4,844
184-190	818	1,068	1,244	1,346	1,881	2,517	4,032	5,045
191-200	918	1,183	1,363	1,485	2,100	2,755	4,363	5,474
201-212	1,068	1,344	1,566	1,684	2,372	2,979	4,969	6,119
Trips in excess of 183 days are available to residents of all provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	48	64	78	99	114	161	224	287
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	68	94	118	150	165	235	329	425

## Standard Rates - \$99 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	360	399	530	674	874	1,271	1,973	2,860
51-60	381	545	630	798	1,061	1,541	2,304	3,240
61-66	458	634	698	903	1,237	1,748	2,579	3,743
67-75	489	705	790	1,052	1,426	1,930	2,877	4,259
76-82	564	812	890	1,142	1,630	2,208	3,147	4,731
83-90	636	874	956	1,271	1,750	2,482	3,535	5,215
91-96	673	916	1,020	1,370	1,869	2,696	3,828	5,767
97-105	750	999	1,174	1,582	2,146	2,931	4,219	6,430
106-112	836	1,120	1,274	1,748	2,384	3,179	4,533	6,957
113-120	879	1,224	1,374	1,867	2,504	3,412	4,876	7,489
121-126	938	1,335	1,490	1,978	2,630	3,642	5,289	7,844
127-135	999	1,410	1,658	2,174	2,874	3,882	5,735	8,540
136-142	1,098	1,467	1,769	2,312	3,113	4,116	6,206	9,106
143-150	1,155	1,551	1,886	2,490	3,422	4,351	6,614	9,999
151-156	1,198	1,617	1,988	2,618	3,712	4,639	7,117	10,588
157-165	1,284	1,785	2,204	2,759	4,085	4,944	7,790	11,462
166-175	1,381	1,898	2,416	2,930	4,228	5,272	8,380	12,215
176-183	1,446	2,049	2,615	3,152	4,459	5,666	8,780	12,649
184-190	1,547	2,259	2,875	3,484	4,979	6,223	9,573	13,314
191-200	1,809	2,544	3,266	3,822	5,750	6,939	10,702	14,827
201-212	2,112	2,828	3,736	4,458	6,667	7,908	12,300	16,466
Trips in excess of 183 days are available to residents of all provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	136	149	183	231	317	480	676	999
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	192	212	262	333	460	701	994	1,472

Zero Deductible add 10% to \$99 Deductible Rates

## Standard Rates - \$1,000 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	278	380	450	530	763	1,110	1,731	2,419
51-60	308	446	530	664	920	1,330	1,987	2,717
61-66	339	505	610	766	1,056	1,513	2,224	3,139
67-75	379	584	698	874	1,210	1,666	2,480	3,573
76-82	429	636	760	970	1,350	1,946	2,725	3,949
83-90	494	661	810	1,080	1,474	2,161	3,049	4,375
91-96	523	709	885	1,174	1,620	2,360	3,294	4,729
97-105	616	792	982	1,346	1,798	2,542	3,642	5,395
106-112	650	874	1,075	1,485	1,974	2,783	3,912	5,838
113-120	684	956	1,143	1,586	2,137	2,986	4,209	6,280
121-126	731	1,028	1,250	1,730	2,315	3,181	4,561	6,571
127-135	784	1,077	1,390	1,863	2,518	3,404	4,950	7,166
136-142	859	1,146	1,502	1,965	2,647	3,600	5,365	7,643
143-150	899	1,188	1,592	2,110	2,920	3,810	5,709	8,399
151-156	938	1,250	1,690	2,227	3,156	4,051	6,151	8,916
157-165	999	1,365	1,873	2,344	3,475	4,328	6,722	9,622
166-175	1,080	1,484	2,056	2,491	3,608	4,601	7,236	10,253
176-183	1,132	1,592	2,187	2,688	3,798	4,953	7,580	10,618
184-190	1,210	1,768	2,410	2,961	4,237	5,449	8,267	11,363
191-200	1,411	1,992	2,638	3,220	4,893	6,078	9,242	12,203
201-212	1,653	2,215	3,126	3,795	5,674	6,928	10,623	12,641
Trips in excess of 183 days are available to residents of all provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	115	134	163	198	274	416	584	887
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	162	190	233	285	394	607	858	1,313

## Standard Rates - \$5,000 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	239	327	374	464	568	865	1,347	2,010
51-60	253	358	414	543	714	1,068	1,561	2,277
61-66	307	438	480	611	846	1,192	1,763	2,631
67-75	328	508	550	697	971	1,330	1,954	2,996
76-82	372	547	599	776	1,097	1,519	2,161	3,327
83-90	424	583	663	865	1,195	1,695	2,419	3,669
91-96	455	618	719	948	1,308	1,843	2,620	3,976
97-105	530	689	810	1,081	1,465	1,998	2,888	4,521
106-112	566	761	874	1,188	1,610	2,174	3,106	4,899
113-120	598	833	943	1,274	1,719	2,318	3,340	5,272
121-126	635	912	1,033	1,360	1,820	2,481	3,625	5,522
127-135	681	949	1,121	1,474	1,974	2,647	3,929	5,996
136-142	744	999	1,207	1,580	2,129	2,854	4,254	6,412
143-150	785	1,029	1,287	1,710	2,348	2,981	4,508	7,046
151-156	824	1,090	1,352	1,791	2,541	3,177	4,881	7,481
157-165	872	1,198	1,507	1,882	2,758	3,387	5,279	8,074
166-175	941	1,295	1,652	1,996	2,904	3,613	5,748	8,604
176-183	987	1,397	1,794	2,158	3,074	3,882	6,021	8,877
184-190	1,055	1,542	1,967	2,384	3,410	4,264	6,565	9,373
191-200	1,220	1,734	2,236	2,617	3,938	4,755	7,339	10,702
201-212	1,441	1,934	2,557	3,055	4,567	5,351	8,435	11,593
Trips in excess of 183 days are available to residents of all provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	90	103	132	162	223	331	460	699
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	127	146	189	233	323	483	676	1,035

## Standard Rates - \$10,000 USD Deductible

For Short Term rates see page 43								
TRIP LENGTH	AGE BANDS							
	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
41-50	214	282	319	424	510	793	1,214	1,743
51-60	226	321	374	488	674	962	1,410	1,997
61-66	268	376	419	546	774	1,074	1,590	2,305
67-75	295	446	490	634	874	1,172	1,774	2,631
76-82	333	479	533	698	974	1,330	1,949	2,924
83-90	384	517	574	769	1,088	1,490	2,182	3,225
91-96	420	555	638	854	1,174	1,662	2,372	3,469
97-105	464	615	733	970	1,305	1,790	2,606	3,901
106-112	509	678	798	1,074	1,453	1,962	2,802	4,289
113-120	535	748	853	1,148	1,549	2,096	3,015	4,633
121-126	559	815	930	1,217	1,630	2,248	3,260	4,854
127-135	614	847	998	1,320	1,774	2,403	3,547	5,220
136-142	673	896	1,087	1,424	1,921	2,576	3,833	5,637
143-150	708	933	1,160	1,530	2,112	2,688	4,089	6,195
151-156	735	983	1,223	1,614	2,291	2,850	4,393	6,525
157-165	787	1,062	1,356	1,698	2,474	3,055	4,820	7,088
166-175	847	1,164	1,489	1,808	2,615	3,260	5,187	7,554
176-183	888	1,264	1,616	1,950	2,759	3,487	5,434	7,834
184-190	950	1,393	1,774	2,151	3,078	3,849	5,926	8,246
191-200	1,111	1,568	2,017	2,360	3,556	4,292	6,594	9,183
201-212	1,300	1,744	2,306	2,756	4,124	4,891	7,616	10,199
Trips in excess of 183 days are available to residents of all provinces and territories <b>except</b> QC, PEI and NU.								
ANNUAL ADD-ON RATES								
23-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	78	89	112	138	189	280	386	571
33-DAY	Up to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 79	80 to 85	86 PLUS
	110	126	160	199	274	409	567	845

## Loyalty Credit – Save up to 8%

Medipac is continually working to save money for our clients. As one of our loyal Medipac clients, you can save up to 8% off your travel insurance. You will receive a 1% premium credit for each consecutive year in which you purchase Medipac, up to eight years for a total credit of 8%.

*Note: If you were unable to travel due to personal reasons in any particular year, please advise us in writing. Medipac may still allow a Loyalty Credit.*

## Claim-Free Discount – Save up to 10%

Each year, thousands of Medipac clients qualify for substantial savings under our Claim-Free Discount program – saving hundreds, if not thousands of dollars! Our Claim-Free Discount recognizes up to 10 years of claim-free travelling. Medipac clients who have been Claim-Free for the past three consecutive years initially qualify for a 3% discount. For each additional and consecutive claim-free year, the discount increases by 1%, to a maximum of 10%.

*Note: A claim less than your deductible is not considered a claim for discount purposes.*

### **Combine the above discounts to save up to 18%.**

Save up to 23% in PEI, Nunavut, the Northwest Territories and the Yukon, under our provincial discount program.

## NEW to Medipac? You can save up to 5%, too!

As a NEW Medipac client, you may be eligible for Medipac's **Claim-Free Advantage Discount**.

If you have not been hospitalized, and/or have not made a travel medical insurance claim for the past three consecutive years, then you may be entitled to savings under this unique program.

Your discount will be based on the number of consecutive years in which you have not made a claim (with a minimum of three years), receiving 1% for each year for which you qualify, to a maximum of 5%. You must provide Medipac with a written statement confirming the number of years you have not been hospitalized and have remained claim-free.

*Discounts do not apply to Annual Add-on Rates and/or MedipacPLUS.*

## Notice on Privacy

### Privacy

Collecting personal information about You is essential to our ability to offer You high quality insurance products and service. The information provided by You will be used only for determining Your eligibility for coverage under the Policy, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that we must share Your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. We take great care to keep Your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If You have any questions about our privacy policy, please contact our privacy officer at 905-523-5587; by writing to : Privacy Officer, Old Republic Insurance Company of Canada/Reliable Life Insurance Company, P.O. Box 557, Hamilton, Ontario, L8N 3K9; or by email to [privacy@oldrepublicgroup.com](mailto:privacy@oldrepublicgroup.com)

### Administration Fees

1. Change ( <i>first change at no charge</i> ).....	\$20.00
2. NSF cheque.....	\$25.00
3. Rush Service ( <i>overnight courier</i> ).....	\$25.00
Two-day courier.....	\$15.00
4. Extension .....	\$10.00
5. Top-up.....	FREE
6. Cancellation for medical reasons .....	FREE
7. Non-medical cancellation .....	\$50.00
8. Partial refund.....	\$20.00

## Annual Add-on

Medipac offers two great options for frequent travellers: a 23-day Annual Add-on and a 33-day Annual Add-on.

### Save time and money with Medipac's Annual Add-on Options

When you purchase a single trip policy, you can save time when you upgrade your policy with Medipac's Annual Add-on; apply for your travel insurance once and cover all of the short trips you take during the year.

When you purchase the Annual Add-on, you will also save money! An Annual Add-on will give you the freedom to take an unlimited number of trips outside Canada for one low price. Depending on which Annual Add-on you choose, you can take an unlimited number of trips 23 or 33 days in length outside Canada, and trips up to 182 days in length within Canada, outside of your home province.

### Need Separate Annual Coverage?

To get your 23-day or 33-day annual plan, simply buy either a 22-24 day or a 31-33 day Medipac Travel Insurance Plan, add the Annual Add-on rate and indicate the date on which you wish your annual coverage to begin. It's that simple!

*To purchase a 23-day Annual Add-on you must buy a minimum 22-24 day single trip plan.  
To purchase a 33-day Annual Add-on you must buy a minimum 31-33 day plan.*

Did You Know that our provincial health insurance plans **DO NOT COVER** many emergency expenses incurred in Canada (outside your province of residence), such as medication, ambulance, paramedical services or air evacuations? Medipac does! Your Medipac policy also covers additional non-medical costs for all of your trips, including return of your vehicle, bringing a family member to your bedside, out-of-pocket expenses and emergency dental expenses.

### Convenient Features

- You can choose to have your Annual Add-on begin at any time between your purchase date and your Effective Date.
- Extensions and top-ups are available for trips under your Annual Add-on.
- You are not required to notify Medipac before you depart on any short trip covered under your Annual Add-on. You are, however, required to provide **proof of your trip start date**, in the event of a claim.

Please remember that the Pre-Existing Condition clauses apply prior to each and every trip (*see Pre-Existing Conditions*).

*Annual Add-on rates can be found on all rate tables. The Annual Add-on can be used alone, extended or topped up for every other trip but cannot be used in combination with the Single Trip with which it is purchased. The premium for the Annual Add-on cannot be refunded once coverage begins.*

# MEDIPAC PLUS+

## EIGHT GREAT FEATURES! ONE LOW PRICE!

For the last few years clients have saved thousands of dollars by protecting their Claim Free Discount when they upgraded to the MedipacPLUS plan for only \$59.

Many Medipac clients have already earned up to a 10% Claim-Free Discount; with the MedipacPLUS plan, that valuable discount can be protected in the event of a claim. Without MedipacPLUS, should you experience a claim, your discount will be reduced significantly.

Why take the chance? Upgrade to our MedipacPLUS plan!

### Protect Your Claim-Free Discount

**MedipacPLUS protects** your Claim-Free Discount by forgiving the first claim that causes you to exceed your deductible during your trip – a small price to pay to extend your savings year after year.

### Medical Evacuation Benefit

**MedipacPLUS pays** you \$100 CAD per day to a maximum of 10 days, if Medipac returns you to Canada for medical reasons and you are hospitalized within three days of your return to Canada.

### \$5,000 Accidental Death Insurance

**MedipacPLUS includes** a \$5,000 CAD death benefit that will be paid to your estate if you die as a result of accidental injury while you are on your MedipacPLUS-insured trip.

### Pet Benefit

**MedipacPLUS will reimburse** you up to \$750 to return your pet(s) to Canada if Medipac returns you to Canada for medical reasons, or if you have a claim under the MedipacPLUS Return to Canada benefit, you will be reimbursed the cost of boarding your pet(s) for one week to a maximum of \$500 while you are in Canada.

### Relocation Benefit

**MedipacPLUS will reimburse** up to \$2,500 for temporary accommodations and transportation in the event a disaster caused



by a hurricane, flood, forest fire, sinkhole or earthquake causes your principal dwelling\* to become uninhabitable.

### Return To Canada Benefit

**MedipacPLUS provides** coverage for economy-class return airfare to a maximum of \$2,000 to fly you from your vacation destination to Canada and back. In addition, this benefit provides coverage for ground transportation expenses:

- If a member of your immediate *family*\* who is not travelling with you dies after you leave your home, or
- If a natural disaster causes your principal residence to become uninhabitable after you leave home.

### Policy Benefit Maximum Increases to \$5,000,000 USD

**MedipacPLUS increases** the coverage amount of your Medipac policy from \$2,000,000 to \$5,000,000. *Certain provisions and exclusions apply. See Endorsement wordings for details.*

### Excess Luggage Benefit

**MedipacPLUS will reimburse** up to \$500 for the cost to return your excess luggage if Medipac returns you to Canada for medical reasons and you are unable to return your luggage to Canada by any other means.

*\* as defined*

*If topping up another insurance policy, MedipacPLUS does not provide coverage until your Medipac Policy Effective Date.*

**\$59**



## THE FOLLOWING 2 PAGES CONTAIN IMPORTANT PORTIONS OF THE MEDIPAC TRAVEL INSURANCE POLICY.

For the complete policy wording, please call Medipac and ask for a copy of the Medipac Travel Insurance Guide or visit our website at [www.medipac.com](http://www.medipac.com)

### WHAT SHOULD I DO IN A MEDICAL EMERGENCY?

You **MUST** notify Medipac Assist **PRIOR** to seeking *Medical Treatment*.

1-800-813-9374 (U.S. and Canada)

416-441-6337 (collect or direct from all other locations).

Failure to call will result in reimbursement of only 75% of all eligible *Covered Expenses* to a maximum of \$25,000 USD

### WHAT IS NOT COVERED

#### PRE-EXISTING CONDITIONS

This insurance does not provide benefits for **any** *Medical Emergency* concerning, relating to, caused by or arising from any of the following:

1. Any *Pre-Existing Condition* that has not been *Stable and Controlled* in the 90 days immediately prior to the *Effective Date of Insurance* or *Your Trip Start Date*. This includes any reaction that results from a change in medication prescribed for such a condition.

**“Pre-Existing Condition”** means any medical or physical condition, symptom, illness or disease for which *Medical Attention* was received or for which an ordinarily prudent person would have sought *Medical Attention* prior to the *Effective Date of Insurance* or *Your Trip Start Date*.

**“Stable and Controlled”** means, during the 90 days immediately prior to the *Effective Date of Insurance* or *Your Trip Start Date*:

- (a) the medical or physical condition, symptom, illness or disease did not first manifest itself; and/or
- (b) the medical or physical condition, symptom, illness or disease was not first investigated; and/or
- (c) the medical or physical condition, symptom, illness or disease has not worsened; and/or
- (d) no change in any medication or its usage or dosage occurred, was prescribed and/or recommended by a *Physician*; and/or
- (e) no *Medical Attention* was received, prescribed or recommended by a *Physician*.

**“Medical Attention”** means any medical, therapeutic or diagnostic procedure, service or supply that is prescribed, performed or

recommended by a *Physician*, including but not limited to prescribed medication, investigative testing and surgery. *Medical Attention* does not include either the unchanged use of prescribed medication for a medical condition, symptom or problem which is *Stable and Controlled*; or a *Routine Check-up*.

A change in medication does not apply to cholesterol lowering medication or to a change in any other medication from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If *You* are taking Coumadin (warfarin) or insulin and are required to have *Your* blood levels tested on a regular basis and *You* are required to adjust the dosage of *Your* medication only to ensure correct blood levels are maintained, such a change is not considered to be a change in medication, provided *Your* medical condition remains unchanged.

2. Any medical or physical condition, symptom, illness or disease that, in the 12 months prior to *Your Effective Date of Insurance* or *Your Trip Start Date*, required: a) a total of three (3) or more Emergency Room visits, *Hospitalizations*, Day Surgeries or any combination of all three; and/or b) a single *Hospitalization* for more than 48 consecutive hours.
3. Any medical or physical condition, symptom, illness or disease for which treatment and/or investigation(s) was recommended but not received prior to *Your Effective Date of Insurance* or *Your Trip Start Date*.

#### GENERAL EXCLUSIONS

This insurance does not cover, provide services or pay claims resulting directly or indirectly from:

4. War, whether declared or not, any act of civil war, rebellion, insurrection or terrorism, participation in a riot, civil commotion or demonstration or service in the armed forces of any country.
5. Suicide, attempted suicide or self-inflicted *Injury*.
6. (a) Normal pregnancy; (b) normal childbirth; or (c) any complication, condition or symptom of pregnancy occurring within the last 18 weeks before the expected delivery date.
7. Any child born during a *Trip*.
8. A *Trip* that is undertaken to secure treatment, general health examinations or check-ups, or surgery as a purpose of the *Trip*.
9. Emotional, psychological or mental disease, disorder, condition or symptom.
10. Expenses for medical or surgical care which is primarily cosmetic, or for any treatment which is experimental.
11. Any expenses incurred due to any medical or physical symptom, illness or disease for which, prior to *Your Trip Start Date*, *Medical Attention* or a change in medication has been recommended or scheduled for a date after *Your Trip* begins.
12. Expenses for which no charge would normally be made in the absence of insurance.
13. Expenses for rehabilitation, the continued treatment, or complication of the medical condition which caused the *Medical Emergency*, once *You* are discharged from *Hospital* or once a *Medical Emergency* ends, as determined by the *Company*.
14. Any expenses incurred after the date on which the *Insured* has declined an offer of repatriation and/or medical evacuation.
15. The commission or attempted commission of any criminal act by *You*.
16. Any treatment, services or supplies not *Medically Necessary* (as defined), or any medical procedures and/or tests (including MRI, MRCP, CAT Scan, CT Angiogram, Nuclear Stress Test, Angiogram or Cardiac Catheterization) not authorized by Medipac Assist in advance. All surgery must be authorized by Medipac Assist prior to being performed except in extreme circumstances where surgery is performed on an emergency basis immediately upon admission to a *Hospital*.
17. Emergency medical relocation unless arranged and approved in advance by Medipac Assist.
18. Any treatment, services or supplies provided by a home for the aged, a rest home, health spa, nursing home, convalescent hospital, hospice, palliative care facility, a place for the care and treatment of drug addicts or alcoholics, custodial or educational facility, or any rehabilitation facility.

19. Any *Hospital*/medical benefits if *You* are not covered under the Government Health Insurance Plan of *Your* Canadian province or territory of principal residence.
20. Any damage to or loss of: hearing aids, eyeglasses, sunglasses, contact lenses, artificial teeth or artificial limbs and resulting prescription thereof.
21. Any expenses that result from abuse of medication, including refusal to take prescribed medication, the abuse of drugs or alcohol, or refusal to accept recommended medical treatment.
22. Any expenses for regular treatment or regular care of a condition that existed prior to the *Effective Date of Insurance* or any expense in connection with general health examinations or regular check-ups.
23. Any expenses directly or indirectly incurred due to HIV, AIDS or AIDS-related complex.
24. A Heart, Lung, Liver, Kidney, Pancreatic or Bone Marrow Transplant.
25. Any expenses incurred during a *Trip* under the Annual Add-on for which proof of departure has not been provided.
26. Any expenses which result directly or indirectly from scuba diving, mountaineering, rock or precipice climbing, hang gliding, paragliding, sport parachuting, skydiving or bungee jumping.
27. Any expenses which result directly or indirectly from participation in speed or endurance contests and/or participation in athletic or sport activities for remuneration or prize money.
28. Any medical or physical condition, symptom, illness or disease for which the results of any test(s) and/or investigation(s) were not available prior to the *Effective Date of Insurance* or *Your Trip Start Date*.
29. Travel in a country or specific area for which, prior to *Your Effective Date of Insurance* or *Your Trip Start Date*, Foreign Affairs, Trade and Development Canada has issued a travel warning advising Canadian residents not to travel to that country or specific area.

Underwritten by

Old Republic Insurance Company of Canada.

In Quebec underwritten by Reliable Life Insurance Company.



## GENERAL LIMITATIONS

If *Your* health changes at any time between *Your* Date of Application and *Your Effective Date of Insurance*, *You* must contact Medipac at 1-888-633-4722 right away. A reassessment for *Your* eligibility and rate qualification is required. Failure to contact Medipac may result in claim denial, or payment of only a portion of the *Covered Expenses*.

### Individuals Excluded from Coverage

*You* cannot be covered by this policy, and all insurance coverage is null and void, and the liability of the *Company* will be limited to return of premium if:

1. Coverage is not purchased for the entire duration of *Your Trip* (unless otherwise expressly stated in this policy).
2. Coverage is applied for while outside Canada (with the exception of post-departure applications for extension of coverage).
3. Any material misrepresentation is made on the application or in connection with any claim for benefits under this policy.

### and/or if between *Your Date of Application and Your Effective Date of Insurance*:

4. *You* had been diagnosed as having a terminal illness, been advised by a *Physician* not to travel or had HIV, AIDS or AIDS-related complex.
5. *You* had been diagnosed with Pulmonary Fibrosis or Interstitial Lung Disease.
6. *You* had stem cell treatment or an organ or bone marrow transplant (excluding cornea or skin graft).
7. *You* had been treated for, taken or been prescribed medication for, or been diagnosed with Lung Cancer, Metastatic Cancer or two (2) or more cancers (excluding Basal Cell and Squamous Cell Skin Cancer).
8. *You* had a Cardiac condition with an ejection fraction of less than 40% or a ventricular function grade of 3 or 4.
9. *You* had Moderately Severe or Severe Cardiac Valve Stenosis.
10. *You* had an Aneurysm greater than 4.5 cm in size (diameter or width) which remains surgically untreated.
11. *You* underwent Chemotherapy for Cancer or Malignant Tumour(s).
12. *You* had Cardiac Pacemaker Implant surgery, Coronary Bypass surgery or surgery on any artery.

13. *You* had any other Heart surgery (including Ablation, Cardiac Defibrillator Implant, Angioplasty and/or Stent), had a Heart Attack or an episode of Congestive Heart Failure.
14. *You* had a Stroke, a Transient Ischemic Attack (TIA), or a Ministroke.
15. *You* had any Chronic Lung Disease (including Emphysema, Chronic Obstructive Pulmonary Disease [COPD], Chronic Bronchitis, Reactive Airway Disease or Asthma) which caused *You* to be *Hospitalized* for more than 24 consecutive hours, or for which *You* had taken or been prescribed Prednisone or Solu-Medrol.
16. *You* had taken or been prescribed Home Oxygen for any reason.
17. *You* had taken or been prescribed Insulin or two (2) or more medications for Diabetes and medication for a Heart Condition. The term "medication" includes Nitroglycerin in any form.

**If *You* are under the age of 56 and travelling for less than 41 days, items 4. to 17. above do not apply.**

### Misstatement

If *You* misstate *Your* response to any question in section A of the application, then this policy is null and void and *Your* premium will be refunded.

If *You* misstate *Your* response in any other section of the application and, as a result, paid a lower premium than required, this policy will cover only the proportion of *Covered Expenses* that the premium paid bears to the required premium. *You* will be responsible for the remaining portion of *Covered Expenses*.

### PERIOD OF COVERAGE

For the **Single Trip Plan**, *Your* insurance begins at 12:01 a.m. on *Your Effective Date of Insurance* as set out in *Your* Application for insurance and cannot begin earlier unless *You* notify Medipac in advance. *Your* insurance ends on the earlier of: (a) 11:59 p.m. on the scheduled return date set out in *Your* Application for insurance; (b) the date *You* return to Canada for any medical reason. Once treatment ends *You* may apply to Medipac Assist to have *Your* policy reinstated. To be valid, a policy endorsement is required.

If, during the **Single Trip Plan**, *You* return to *Your* province or territory of residence for any other reason and resume travel, this insurance does not provide benefits for any *Medical Emergency* concerning, relating to, caused by or arising from any medical or physical condition for which *You* received *Medical Attention* while in *Your* province or territory of residence. The number of days *You* return to *Your* province or territory of residence cannot be refunded.

If *You* have purchased the **Annual Add-on** to the **Single Trip Plan**, then for every **other trip**:

1. **Outside Canada**, *Your* insurance coverage begins at 12:01 a.m. on each day *You* leave Canada during the 365-day period following *Your Effective Date of Insurance*. *Your* coverage ends on the earlier of: (a) 365 days after *Your Effective Date of Insurance*; (b) the date *You* return to Canada; (c) 12:01 a.m. 23 days after the date *You* leave Canada (if *You* purchased the 23-day Annual Add-on); or (d) 12:01 a.m. 33 days after the date *You* leave Canada (if *You* purchased the 33-day Annual Add-on).
2. **Within Canada**, *Your* insurance coverage begins at 12:01 a.m. on each day *You* leave *Your* Canadian province or territory of principal residence. *Your* coverage ends on the earlier of: (a) 12:01 a.m. 182 days after the date *You* leave *Your* Canadian province or territory of principal residence; (b) the date *You* return to *Your* Canadian province or territory of principal residence; or (c) 365 days after *Your Effective Date of Insurance*.

The period of coverage is subject to the automatic extension provision explained in "WHAT HAPPENS TO MY INSURANCE COVERAGE IF I AM HOSPITALIZED AND CANNOT RETURN ON MY SCHEDULED RETURN DATE?"

The insurance coverage must be purchased for the entire duration of *Your Trip*, unless otherwise expressly stated in this policy.

If *You* have purchased the an Annual Add-on to the Single Trip Plan, *You* can extend any single 23-day Trip during *Your* policy's 365-day period. When extending *Your* Annual Add-on, the same coverage type and deductible option MUST apply. *Your* Annual Add-on cannot be used in combination with *Your* Single Trip Plan.

### CHANGE IN DEPARTURE DATE

For the Single Trip Plan, if there is a change in *Your* Date of Departure, notice **MUST** be provided to Medipac from within Canada prior to the Date of Departure shown in *Your* application. If *You* have purchased the Annual Add-on, *You* are not required to provide advance notice of *Your Trip Start Date* for every other Trip. **However, evidence of these dates will be required at the time of claim.**

### REFUND POLICY

1. No refunds are available if a claim has been incurred.
2. The premium for the Annual Add-on cannot be refunded once coverage begins.
3. All refund requests must be made in writing from within Canada.

4. Premiums \$50 or less will not be refunded.

**A refund will be provided to an Insured in the following situations:**

**FULL REFUND** only if, prior to the *Effective Date of Insurance*:

- the *Insured* or his/her *Spouse* is unable to travel due to *Sickness* or *Injury* (a *Physician's* statement is required); or
- the *Insured* is unable to travel due to a death in the immediate family.

**FULL REFUND** less a \$50 Administration Fee per person if prior to the *Effective Date of Insurance*:

- the policy is cancelled for any other reason.
- Cancellation of the **Single Trip Plan** will also terminate the Annual Add-on.

**PARTIAL REFUND** less a \$20 Administration fee per person if:

- the *Insured* returns to Canada at least 10 days prior to the scheduled return date.
- A pro-rata refund will be calculated using the later of the postmarked date of the written request and the requested termination date.
- If *You* have purchased the 23-day (or 33-day) Annual Add-on, only the premium in excess of a minimum 22-24 day (or 31-33 day) Single Trip Plan will be eligible for a refund.
- *Your* request **MUST** include a statement that no claims have been incurred.

**All requests for refunds can be mailed to:**  
**Medipac Travel Insurance**  
**180 Lesmill Road, Toronto ON M3B 2T5**

### POLICY EXTENSIONS

Extension of Coverage must be applied for and approved by Medipac at least 3 days prior to *Your* scheduled return date. In order to apply for an Extension of Coverage, *You* must be in good health and cannot have any medical condition for which surgery or *Hospitalization* is anticipated. **No extensions are available if a claim has been incurred.** To apply for an extension of coverage, call Medipac at 1-888-633-4722 toll-free from the U.S. or Canada or at (416) 441-7070 from other locations. A declaration of good health must be made before an extension can be issued. Extensions are available in trip length units as published. An Administration Fee per person, per extension, applies.

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**Underwritten by**  
**Old Republic Insurance Company of Canada.**  
In Quebec underwritten by Reliable Life Insurance Company.

# Great Reasons to Buy the Medipac<sup>®</sup> Program!

## Easy Payment Option

Spread your premium over two easy, automatic payments directly from your bank account. Pay 50% of your premium when you apply and 50% one month later. Only available with cheque payments for trips of more than 41 days.

## Short Term Travel

Hopping across the border for a little shopping or taking a 10-day cruise? Do not take a chance by travelling without Medipac insurance! Check out our Short Term Rates beginning on page 43.

## New Client Incentives

Join the tens of thousands of seasoned travellers who choose Medipac every year. First time clients can earn up to 5% as a Claim-Free Discount. *See page 9 for details.*

## Medipac Rewards

Earn discounts for your loyalty and claim-free status – up to 18%. Loyal clients can earn up to 8% with our Loyalty Credit, and up to another 10% if they remain claim free, with our Claim-Free Discount. *See page 9 for details.*



## Medipac Annual Plans

Save time and money when you add our 23-day **or our new 33-day Annual Add-on** to your single trip plan. Provides coverage for any trip, up to 23 or 33 days. Also new this year, the Add-on covers travel within Canada for up to 182 days. *See page 12 for details.*

## Pre-Existing Condition Coverage

Most clients with stable and controlled medical conditions can purchase Medipac and have full coverage for ALL such conditions. *Read the enclosed policy for details, beginning on page 28.*

## MedipacPLUS

Protect your Claim-Free Discount and more than double your coverage for only \$59. A must-have option! MedipacPLUS also includes 6 additional important benefits. *See page 13 for details.*

## Superannuate Special

Retired civil servants, military personnel and retired RCMP officers who participate in the Public Service Health Care Plan can receive a premium credit and an upgraded 40-day annual plan at no extra cost. **Now with increased credits!** *See page 11 for details.*

## Worldwide Emergency Assistance

Medipac's trained medical professionals are only a phone call away, 24 hours a day, seven days a week. Medipac Assist is your lifeline to information, service and advice when travelling in a foreign country. Read what our satisfied clients say about Medipac on page 15.

## Endorsed by the CSA and the Royal Canadian Legion

Medipac has been chosen as the exclusive Travel Insurance Partner of both the Canadian Snowbird Association and the Royal Canadian Legion. We're proud to have earned their trust, and we hope to earn yours!

