

Rates and Procedures Manual

FOR INSURANCE BROKERS

EFFECTIVE JULY 2011



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CONTACT INFORMATION

PLEASE CONTACT AGENCY SERVICES FOR ASSISTANCE WITH:

- General inquiries
- Product information
- Wording clarification
- Policy changes
- QuickTIC

AGENCY SERVICES

TIC Travel Insurance Coordinators Ltd.

102 – 806 GORDON STREET
GUELPH, ONTARIO N1G 1Y7

PHONE 1-800-465-4279
FAX 1-866-694-8032

800 – 2000 MCGILL COLLEGE AVENUE
MONTRÉAL, QUÉBEC H3A 3H3

PHONE 1-866-543-1109
FAX 514-788-4975

EMAIL: info@travelinsurance.ca

MEDICAL UNDERWRITING DEPARTMENT

FAX 416-340-0790
TOLL FREE FAX 1-866-256-2377
UNDERWRITING ASSISTANCE PHONE 1-888-298-8151

EMAIL: urgent.uw@travelinsurance.ca

ADVISOR LINK

CALL US FOR:

- Global Expatriate Hospital & Medical
- International Student Hospital & Medical

PHONE 1-800-491-0851

FOR GROUP QUOTES

PLEASE CALL US FOR:

- School groups
- 40+ group quotes
- Custom group products and special risks
- Group carve out

TOLL FREE PHONE 1-800-882-3389
TOLL FREE FAX 1-888-635-5517

EMAIL: quotes@travelinsurance.ca

WEBSITES

WEBSITE FOR BROKERS: www.ticnet.ca and www.quicktic.ca
USE YOUR BROKER CODE TO LOGIN.

PLEASE VISIT OUR WEBSITE FOR:

- Product information
- Downloadable forms and Detailed Medical Questionnaires
- Ordering supplies
- Seminar dates
- QuickTIC user guide

WEBSITE FOR THE PUBLIC: www.travelinsurance.ca

TORONTO OFFICE

TIC Travel Insurance Coordinators Ltd.

2100 – 250 YONGE STREET
TORONTO, ONTARIO M5B 2L7

TIC Claims Department

2100 – 250 YONGE STREET
TORONTO, ONTARIO M5B 2L7

TOLL FREE CANADA/USA 1-800-869-6747
COLLECT WORLDWIDE 416-340-8809

TIC EMERGENCY ASSISTANCE

TOLL FREE CANADA/USA 1-800-995-1662

TOLL FREE WORLDWIDE 800-842-08420
OR 00-800-842-08420

COLLECT WORLDWIDE 416-340-0049

HELPFUL INFORMATION

Choose the product and plan that's suitable for your client

The chart on the following page is a quick reference guide that offers you a brief overview of the coverage available.

The coverage summary and important notes section for each product in this manual are designed to help you answer your clients' questions easily and ensure they are getting the coverage they need. For complete details of coverage, refer to the terms, conditions, limitations and exclusions in the policy.

If you have a specific question or require an explanation call the TIC Agency Services Department closest to you, or contact your Business Development Manager.

Note: words printed in italics are defined in our policies.

CALCULATE THE RATE

Each product has its own rate table(s) in this manual. In most cases, the premium is calculated by multiplying the duration of coverage, in days or months, by the relevant premium per day or month. Many of our plans have multiple age categories, so you will need to determine your client's age on the *effective/departure date*. When calculating the premium, include the first and last day of the *insured's trip*.

BROKER RESPONSIBILITIES

As an appointed representative of TIC:

- Ask your clients if they have any concerns about their coverage or any particular risks they want to ensure are covered.
- **Determine if your clients qualify for travel insurance coverage by reviewing with them the Insurability section of the Medical Underwriting Procedures on page 28.**
- Discuss whether your client needs to be medically underwritten. Refer to the Medical Underwriting Procedures section on page 28.
- Discuss the pre-existing condition exclusion (first exclusion under each product in the policy where the condition applies).
- Explain to your clients what they have purchased; review the coverage with them and point out the exclusions.
- Explain that the policy has limitations and exclusions and they must read their policy document carefully.
- Advise your client that they can call you if they have any questions about their coverage.
- Explain the refund policy.
- Explain that administration fees apply to refund of premium and extension of coverage.
- Explain what your client must do in the event of a claim.
- Protect the privacy of your client's personal information. Please refer to TIC's privacy policy on our website.

QuickTIC

Put the power of point-of-sale in your hands and service your clients better with QuickTIC.

The QuickTIC advantage:

- Create and save quotes
- Create quotes and issue policies for groups of up to 40 travellers
- Easy up-sell with Quick Quotes
- Process policy changes up to 1 day before effective date
- Process Top-ups and full refunds
- Fulfil policies and wallet cards via e-mail
- Change method of payment

QuickTIC Sign up

Contact your Business Development Manager or Agency Services at:

1-800-465-4279 1-866-543-1109 (Quebec)

- Complete the sign up form we send you and return to Agency Services
- We'll let you know when you're up and running and arrange for training
- Start selling TIC travel insurance with QuickTIC!

Signatures

Signatures are mandatory for:

1. Applications that are not completed on QuickTIC, which must be signed either by the *insured* or by a person acting on behalf of the *insured*.
2. All Medical Questionnaires which must be signed and dated by your client except when the questionnaire is processed directly through QuickTIC.

Fulfillment

1. Provide your client with a policy booklet which includes a wallet card and attach the Confirmation of Coverage when they purchase coverage.
2. a) If a Basic Medical Questionnaire is completed on QuickTIC and coverage is approved, you will receive a Medical Declaration produced by the system which should be attached to the Confirmation of Coverage.
b) If a Detailed Medical Questionnaire has been submitted to the Medical Underwriting Department and has been approved, QuickTIC will fulfill directly from the system.

Claim Notification

TIC Emergency Assistance must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%.

Refer to the Claims Procedures in the policy for further details on all other claims.

OVERVIEW OF PRODUCTS

Benefit Product	Hospital & Medical	Trip Cancellation & Interruption	A.D. & D.	Flight Accident	Trip Interruption	Baggage	Rental Car
Emergency Hospital & Medical for Canadians							
Single Trip	\$5 million	optional	optional	optional	optional	optional	optional
Multi-trip – Basic	\$5 million	optional	optional	optional	optional	optional	optional
Multi-trip – Select Option 1	\$5 million	optional	optional	\$100,000	optional	optional	optional
Multi-trip – Select Option 2	\$5 million	\$1,000	optional	\$100,000	\$2,000	optional	optional
Sports Plan	\$5 million	N/A	optional	optional	optional	optional	optional
Package							
All-inclusive Package	\$5 million	over \$15,000 requires underwriting	\$10,000	\$50,000	unlimited	\$500	optional
Youth Adventure Package	\$5 million	optional	\$10,000	optional	\$1,500	\$500	optional
Visitors to Canada							
	\$10,000 \$25,000 \$50,000 \$100,000 \$150,000	optional	\$10,000 \$25,000 \$50,000 \$100,000 \$150,000	optional	optional	optional	optional
Trip Cancellation & Interruption							
Basic	optional	over \$15,000 requires underwriting	optional	optional	unlimited	optional	optional
Select	optional	over \$15,000 requires underwriting	\$10,000	\$50,000	unlimited	\$500	optional
Other Plans							
Accidental Death & Dismemberment	optional	N/A	\$25,000 \$100,000 \$250,000	optional	optional	optional	optional
Trip Interruption	optional	N/A	optional	optional	\$800 \$1,500 \$2,000	optional	optional
Flight Accident	optional	N/A	optional	\$200,000 \$500,000	optional	optional	optional
Baggage	optional	N/A	optional	optional	optional	\$1,000 \$1,500	optional
Rental Car Collision Damage Protection	optional	N/A	optional	optional	optional	optional	\$50,000
Expatriate and Students							
Global Expatriate Basic	\$100,000	N/A	optional	optional	optional	optional	optional
Global Expatriate Select	\$500,000 \$1 million	N/A	\$10,000	optional	optional	optional	optional
International Student	\$2 million	optional	\$15,000	optional	optional	optional	optional

Notes: The options listed under Other Plans can be purchased separately for an additional premium. Where benefit amounts are indicated, they are included with that plan. N/A means not available.

EMERGENCY HOSPITAL & MEDICAL FOR CANADIANS

INCLUDES TRAVEL WORLDWIDE

ELIGIBILITY

1. Coverage is NOT AVAILABLE to any individual who:

- a) has been diagnosed with a *terminal* illness;
- b) has been diagnosed with or has had an episode of congestive heart failure;
- c) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
- d) has Alzheimer's disease or any other type of dementia;
- e) has received any type of *treatment* for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
- f) has been prescribed or used home oxygen *treatment* in the last 12 months;
- g) has had a major organ transplant (heart, kidney, liver, lung); or
- h) has received kidney dialysis *treatment* in the last 12 months.

- c) be currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*; and
- d) not reside in a nursing home, convalescent home, or rehabilitation centre; and
- e) not require assistance with daily living activities.

2. To be eligible for coverage a person must:

- a) be at least 15 days old; and
- b) be insured for benefits under a Canadian government health insurance plan during the entire *period of coverage*; and

MEDICAL QUESTIONNAIRES AND UNDERWRITING

A Basic Medical Questionnaire must be completed by:

- All eligible applicants 60 years or older who are travelling for 16 days or longer;
- All eligible applicants 75 years or older who are travelling for any trip length.

A Detailed Medical Questionnaire must be completed by all eligible applicants who are 85 years or older.

SUMMARY OF COVERAGE PER INSURED PERSON

Hospital Confinement and Medical Services \$5 million

The following benefits are included in the overall maximum of \$5 million.

Accidental Dental	\$3,000
Ambulance Services	up to overall maximum
Attendant	up to overall maximum
Chiropractor, osteopath, chiropodist, podiatrist or acupuncturist . .	\$300 per profession
Cremation at Place of Death	\$4,000
Dental <i>Emergency</i>	\$500
<i>Emergency</i> Transportation	up to overall maximum
Identity Fraud Recovery	\$5,000
Meals and Accommodation	\$3,000
Pet Return (dog or cat)	\$500
Physiotherapist	\$300
Prescription Medication	\$500
Return of Deceased	\$10,000
Return to Original <i>Trip</i> Destination	\$5,000
Return of <i>Travelling Companion</i>	up to overall maximum
Return of Vehicle or Watercraft	\$3,000

EMERGENCY HOSPITAL & MEDICAL FOR CANADIANS

CANADA-ONLY RATES (out of province/territory of residence)

AGES	0 - 30	31 - 39	40 - 54	55 - 59	60 - 64	65 - 69	70 - 74
* Minimum premium 3 days per person with the minimum being \$16 per policy.							
Daily Rate	Per Person						
1 - 35 DAYS	\$1.16	\$1.40	\$1.43	\$1.77	1 - 15 day trip rate		
36 - 60 DAYS	\$1.16	\$1.40	\$1.43	\$1.77	\$3.87	\$4.38	\$5.22
61 - 365 DAYS	\$1.20	\$1.46	\$1.49	\$1.77			

NEW

* Family premium = Individual premium of eldest person X 2

USA RATES – INCLUDES TRAVEL WORLDWIDE

AGES	0 - 30	31 - 39	40 - 54	55 - 59	60 - 64	65 - 69	70 - 74
* Minimum premium 3 days per person with the minimum being \$16 per policy.							
Daily Rate	Per Person						
1 - 35 DAYS	\$2.31	\$2.54	\$2.60	\$3.28	1 - 15 day trip rate		
36 - 60 DAYS	\$2.31	\$2.54	\$2.60	\$3.28	\$4.66	\$5.93	\$11.48
61 - 365 DAYS	\$2.38	\$2.65	\$2.70	\$3.28			

NEW
2011
RATES

* Family premium = Individual premium of eldest person X 2

NON-USA RATES

AGES	0 - 30	31 - 39	40 - 54	55 - 59	60 - 64	65 - 69	70 - 74
* Minimum premium 3 days per person with the minimum being \$16 per policy.							
Daily Rate	Per Person						
1 - 35 DAYS	\$2.08	\$2.28	\$2.33	\$2.91	1 - 15 day trip rate		
36 - 60 DAYS	\$2.08	\$2.28	\$2.33	\$2.91	\$4.20	\$5.33	\$10.33
61 - 365 DAYS	\$2.14	\$2.38	\$2.43	\$2.91			

NEW
2011
RATES

* Family premium = Individual premium of eldest person X 2

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 4.

Important notes

- Use the applicant's age on the *effective date*.
- Maximum *period of coverage* is 365 days.
- A family rate is available. Family includes the applicant, age 59 and under, no more than one additional adult *family member* age 59 and under, and *dependent children*. The premium for family coverage is calculated at two times the premium for the eldest adult age 59 and under.
- Groups of up to 40 people can be enrolled on QuickTIC.

EMERGENCY HOSPITAL & MEDICAL FOR CANADIANS – SPORTS PLAN

NEW
2011
RATES

WORLDWIDE DESTINATIONS

	CLASS 1	CLASS 2	CLASS 3 *NEW*
DAILY RATE PER PERSON AGE 0 – 59	\$2.01	\$2.13	\$4.15
MINIMUM PREMIUM	\$25.00	\$25.00	\$25.00
SPORT	BOWLING CURLING DANCING GOLF HIKING/WALKING RUNNING SWIMMING TENNIS ULTIMATE FRISBEE VOLLEYBALL	BASEBALL BASKETBALL BICYCLING CANOEING FISHING GYMNASTICS ROLLERBLADING SAILING TRIATHLON	FOOTBALL HOCKEY KARATE/MARTIAL ARTS LACROSSE RUGBY SOCCER

Maximum period of coverage is 35 days

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 4.

Important notes

- For amateur sports teams only.
- Minimum of 3 *insureds* travelling together.
- Contact 1-800-882-3389 for more information about coverage for sport groups not listed above.

OTHER GROUP QUOTES

QuickTIC automatically offers a premium discount on groups of 10 to 40 people depending on the plan, age, group size and activity. If you have a group of over 40 people, or require a customized product to fit the specific needs of a large customer base, contact 1-800-882-3389.

EMERGENCY HOSPITAL & MEDICAL FOR CANADIANS – MULTI-TRIP BASIC PLAN

NEW
2011
RATES

WORLDWIDE DESTINATIONS

TRIP LENGTH		AGES 0 - 39	AGES 40 - 59	AGES 60 - 75	AGE 76 AND UP
8 DAYS	SINGLE	\$50/YEAR	\$59/YEAR	REFER TO MEDICAL UNDERWRITING PROCEDURES ON PAGESS 28-29	NOT AVAILABLE
15 DAYS	SINGLE	75/YEAR	90/YEAR		
35 DAYS	SINGLE	105/YEAR	123/YEAR		
60 DAYS	SINGLE	175/YEAR	264/YEAR		
105 DAYS	SINGLE	286/YEAR	416/YEAR		

If 60 years old & over, a questionnaire needs to be completed.

* Family premium = Individual premium of eldest person X 2

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 4.

Important notes

- Use the applicant's age on the *effective date*.
- This product covers the *insured* on an unlimited number of *trips* during a 365-day period from the *effective date*.
- Top-ups and Extensions are available for *trips* over the *trip* length purchased (see pages 37 – 38 for procedures). An administration fee will be charged for extensions.
- Premiums are not refundable after the *effective date*.
- A family rate is available. Family includes the applicant, age 59 and under, no more than one additional adult *family member* age 59 and under, and *dependent children*. The premium for family coverage is calculated at two times the premium for the eldest adult age 59 and under.

EMERGENCY HOSPITAL & MEDICAL FOR CANADIANS – MULTI-TRIP SELECT PLAN

NEW
2011
RATES

WORLDWIDE DESTINATIONS

	8 DAYS PER TRIP	15 DAYS PER TRIP	35 DAYS PER TRIP
OPTION 1	AGES 0 - 59	AGES 0 - 59	AGES 0 - 59
SINGLE	\$84	\$117	\$147

	8 DAYS PER TRIP	15 DAYS PER TRIP	35 DAYS PER TRIP
OPTION 2	AGES 0 - 59*	AGES 0 - 59*	AGES 0 - 59*
SINGLE	\$175	\$229	\$257

*OPTION 2 IS SUBJECT TO PROVINCIAL SALES TAX	
8% SALES TAX ONTARIO	9% SALES TAX QUEBEC

* If age 60 and over, a questionnaire needs to be completed.

The premium for family coverage is calculated at two times the premium for the eldest adult age 59 and under.

SUMMARY OF COVERAGE AND ELIGIBILITY

Option 1

Emergency Hospital & Medical for Canadians for the Summary refer to page 4.
Flight Accident \$100,000 for the Summary refer to page 23.

Option 2

Emergency Hospital & Medical for Canadians for the Summary refer to page 4.
Flight Accident \$100,000 for the Summary refer to page 23.
Trip Cancellation (prior to departure) \$1,000
Trip Interruption (after departure) \$2,000 for the Summary refer to page 23.

Refer to policy booklet for complete details.

Important notes

- Use the applicant's age on the *effective date*.
- This product covers the *insured* on an unlimited number of *trips* during a 365-day period from the *effective date*.
- Top-ups and Extensions are available for *trips* over the *trip* length purchased (see pages 37 – 38 for procedures). An administration fee will be charged for extensions.
- Premiums are not refundable after the *effective date*.
- A family rate is available. Family includes the applicant, age 59 and under, no more than one additional adult *family member* age 59 and under, and *dependent children*. The premium for family coverage is calculated at two times the premium for the eldest adult age 59 and under.
- For Trip Cancellation coverage under Option 2, the *application date* is the date that the *insured* pays the initial non-refundable costs associated with booking their *trip*.

ELIGIBILITY

1. Coverage is NOT AVAILABLE to any individual who:
 - a) has been diagnosed with a terminal illness;
 - b) has been diagnosed with or has had an episode of congestive heart failure;
 - c) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
 - d) has Alzheimer’s disease or any other type of dementia;
 - e) has received any type of treatment for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
 - f) has been prescribed or used home oxygen treatment in the last 12 months;
 - g) has had a major organ transplant (heart, kidney, liver, lung); or
 - h) has received kidney dialysis treatment in the last 12 months.
2. To be eligible for coverage a person must:
 - a) be at least 15 days old; and
 - b) be insured for benefits under a Canadian government health insurance plan during the entire *period of coverage*; and
 - c) be currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*; and
 - d) not reside in a nursing home, convalescent home, or rehabilitation centre; and
 - e) not require assistance with daily living activities; and
 - f) be scheduled to travel on a *trip* to, from or within Canada;
 - g) purchase this coverage prior to leaving for the *trip*.
 - h) If purchasing this coverage at the time of, or after the initial *trip* payment, or after cancellation penalties are applicable, an *insured* must be in good health and know of no reason to:
 - i) seek medical attention; and
 - ii) cancel the *trip*; and
 - iii) make any claim.

SUMMARY OF COVERAGE PER INSURED PERSON

Emergency Hospital & Medical

Hospital Confinement and Medical Services \$5 million

The following benefits are included in the overall maximum of \$5 million.

Accidental Dental	\$3,000
Ambulance Services	up to overall maximum
Attendant	up to overall maximum
Chiropractor, osteopath, chiropodist, podiatrist or acupuncturist	\$300 per profession
Cremation at Place of Death	\$4,000
Dental <i>Emergency</i>	\$500
<i>Emergency</i> Transportation	up to overall maximum
Identity Fraud Recovery	\$5,000
Meals and Accommodation	\$3,000
Pet Return (dog or cat)	\$500
Physiotherapist	\$300
Prescription Medication	\$500
Return of Deceased	\$10,000
Return to Original <i>Trip</i> Destination	\$5,000
Return of <i>Travelling Companion</i>	up to overall maximum
Return of Vehicle or Watercraft	\$3,000
Terrorism	<i>aggregate limit</i> (refer to policy)

Trip Cancellation & Interruption

Prior to Departure	sum insured	
After Departure	unlimited	
<i>Default</i> Protection	\$3,500 (<i>aggregate limit</i> applies)	
Return of Deceased	\$10,000	
Cremation at Place of Death	\$4,000	
Out of Pocket Allowance	\$600	
Tour Operator	\$1,000	
Meals and Accommodation	\$1,000	
Baggage Delay	\$200	
Accidental Death & Dismemberment	\$10,000	Refer to page 22
Flight Accident	\$50,000	Refer to page 23
Baggage	\$500	Refer to page 22

ALL-INCLUSIVE PACKAGE PLANS – USA RATES

NEW

WORLDWIDE DESTINATIONS

		1 - 4 DAYS			5 - 9 DAYS			10 - 16 DAYS			17 - 23 DAYS			24 - 30 DAYS		
		0 - 59	60 - 65	66 - 70	0 - 59	60 - 65	66 - 70	0 - 59	60 - 65	66 - 70	0 - 59	60 - 65	66 - 70	0 - 59	60 - 65	66 - 70
SUM INSURED	Ages															
	PRIOR TO DEPARTURE	AFTER DEPARTURE														
\$500	unlimited	\$48	\$55	\$64	\$61	\$72	\$91	\$74	\$86	\$117	\$88	\$105	\$140	\$116	\$140	\$164
1,000		63	69	77	74	85	99	88	101	125	97	114	156	139	161	180
1,500		76	87	101	85	102	125	100	114	153	111	130	190	161	188	218
2,000		110	114	129	121	134	162	134	161	191	154	176	207	195	215	245
2,500		141	147	167	153	176	197	169	197	223	185	222	245	213	245	275
3,000		166	188	205	185	205	226	196	222	246	210	239	275	234	271	315
3,500		190	209	230	213	230	251	221	257	277	240	264	296	261	288	325
4,000		215	238	268	232	264	304	240	293	331	272	306	355	289	330	383
4,500		235	259	283	250	289	327	262	327	348	298	340	370	309	358	400
5,000		262	294	317	279	325	352	289	355	380	329	373	405	336	393	436
5,500		289	329	352	306	359	387	316	395	419	362	410	447	369	430	474
6,000		319	366	394	334	394	429	344	436	463	395	451	492	402	471	519
6,500		353	405	437	367	429	472	378	474	506	429	490	535	436	509	562
7,000		386	446	480	400	463	515	411	515	550	462	530	578	469	550	605
7,500		419	485	524	433	499	558	444	556	593	495	571	620	502	590	648
8,000		452	526	568	468	540	603	477	595	637	528	611	666	535	630	693
8,500		486	565	611	501	579	646	512	635	681	562	650	708	569	669	736
9,000		519	605	655	534	619	689	545	675	724	595	690	751	602	710	779
9,500		552	646	697	567	660	732	578	715	767	628	730	794	635	750	823
10,000		585	686	741	601	700	777	611	756	811	661	771	839	668	791	867
10,500	623	730	784	636	730	794	648	806	858	712	826	902	718	845	927	
11,000	652	766	822	666	766	832	679	845	899	746	866	945	752	886	971	
11,500	682	800	859	696	800	870	710	883	939	779	904	988	787	925	1,015	
12,000	712	835	895	726	835	908	740	922	980	813	944	1,031	821	966	1,060	
12,500	741	870	933	757	870	945	771	960	1,021	847	983	1,074	855	1,005	1,104	
13,000	771	907	973	790	907	984	804	1,000	1,064	883	1,024	1,119	891	1,046	1,150	
13,500	803	945	1,015	824	945	1,025	838	1,042	1,109	920	1,067	1,167	928	1,089	1,199	
14,000	837	986	1,059	860	986	1,067	874	1,086	1,157	960	1,112	1,216	968	1,134	1,250	
14,500	872	1,028	1,105	897	1,028	1,112	911	1,132	1,207	1,001	1,159	1,269	1,009	1,181	1,303	
15,000	909	1,073	1,153	937	1,073	1,160	951	1,180	1,259	1,044	1,209	1,323	1,052	1,231	1,359	

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 9.

Important notes

- Use the applicant’s age on the *effective date*.

For Trip Cancellation & Interruption

- After-departure benefits cover prepaid travel arrangements only.
- Prior-to-departure benefit amounts in excess of \$15,000 require individual consideration. Have your client complete a Trip Cancellation & Interruption Questionnaire and submit it with a copy of the itinerary to the Medical Underwriting Department for a quote.
- Trip Cancellation benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or the ultimate diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* is cancelled.
- All-inclusive Package rate tables are not available to persons who:
 - want to be medically underwritten; or
 - are travelling for 31 days or more.

In such cases, your clients can receive the same coverage by purchasing the Emergency Hospital & Medical for Canadians along with the Trip Cancellation & Interruption – Select Plans. See pages 5 and 19 for rates.

SUBJECT TO PROVINCIAL SALES TAX	
8% SALES TAX ONTARIO	9% SALES TAX QUEBEC

ALL-INCLUSIVE PACKAGE PLANS – USA RATES



WORLDWIDE DESTINATIONS

SUM INSURED PRIOR TO DEPARTURE | AFTER DEPARTURE		1-4 DAYS	5-9 DAYS	10-16 DAYS	17-23 DAYS	24-30 DAYS
		Ages 71 – 76				
\$500	unlimited	\$88	\$131	\$179	\$256	\$329
1,000		118	157	205	276	349
1,500		143	183	229	300	383
2,000		178	216	264	337	409
2,500		211	251	298	371	443
3,000		255	300	351	424	496
3,500		276	308	365	455	524
4,000		307	355	411	491	552
4,500		322	369	421	535	601
5,000		355	403	455	573	642
5,500		392	438	491	608	678
6,000		424	472	525	642	712
6,500		458	506	560	678	746
7,000		499	540	594	712	781
7,500		535	574	628	746	815
8,000		570	612	661	781	842
8,500		605	648	702	815	876
9,000		641	686	741	842	911
9,500		678	725	783	876	958
10,000		713	763	824	917	1,009
10,500	748	802	865	963	1,059	
11,000	784	840	906	1,009	1,110	
11,500	820	878	947	1,055	1,161	
12,000	856	916	989	1,101	1,211	
12,500	891	955	1,030	1,146	1,262	
13,000	928	996	1,073	1,193	1,316	
13,500	966	1,039	1,118	1,243	1,372	
14,000	1,007	1,084	1,166	1,295	1,431	
14,500	1,049	1,131	1,216	1,350	1,493	
15,000	1,094	1,181	1,268	1,407	1,558	

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 9.

Important notes

- Use the applicant’s age on the *effective date*.

For Trip Cancellation & Interruption

- After-departure benefits cover prepaid travel arrangements only.
- Prior-to-departure benefit amounts in excess of \$15,000 require individual consideration. Have your client complete a Trip Cancellation & Interruption Questionnaire and submit it with a copy of the itinerary to the Medical Underwriting Department for a quote.
- Trip Cancellation benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or the ultimate diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* is cancelled.
- All-inclusive Package rate tables are not available to persons who:
 - want to be medically underwritten; or
 - are travelling for 31 days or more.

In such cases, your clients can receive the same coverage by purchasing the Emergency Hospital & Medical for Canadians along with the Trip Cancellation & Interruption – Select Plans. See pages 5 and 19 for rates.

SUBJECT TO PROVINCIAL SALES TAX	
8% SALES TAX ONTARIO	9% SALES TAX QUEBEC

ALL-INCLUSIVE PACKAGE PLANS – USA RATES

NEW

WORLDWIDE DESTINATIONS

SUM INSURED PRIOR TO DEPARTURE | AFTER DEPARTURE		Ages				
		1-4 DAYS	5-9 DAYS	10-16 DAYS	17-23 DAYS	24-30 DAYS
		77 +				
		unlimited				
\$500		\$177	\$277	\$410	\$658	\$842
1,000		213	317	453	707	895
1,500		246	350	488	745	932
2,000		288	397	532	791	980
2,500		332	441	578	840	1,030
3,000		391	503	620	882	1,074
3,500		468	584	663	923	1,114
4,000		543	666	745	997	1,188
4,500		619	747	826	1,071	1,236
5,000		696	828	908	1,153	1,286
5,500		772	910	989	1,234	1,367
6,000		848	990	1,070	1,316	1,449
6,500		925	1,071	1,152	1,397	1,529
7,000		1,001	1,153	1,233	1,478	1,610
7,500	unlimited	1,077	1,234	1,313	1,560	1,692
8,000		1,154	1,316	1,395	1,641	1,773
8,500		1,230	1,397	1,476	1,723	1,855
9,000		1,306	1,478	1,558	1,804	1,953
9,500		1,383	1,560	1,639	1,885	2,060
10,000		1,459	1,641	1,720	1,967	2,170
10,500		1,531	1,724	1,807	2,065	2,279
11,000		1,605	1,805	1,893	2,164	2,387
11,500		1,678	1,888	1,979	2,262	2,496
12,000		1,750	1,970	2,065	2,361	2,605
12,500		1,824	2,052	2,151	2,459	2,713
13,000		1,902	2,138	2,241	2,562	2,826
13,500		1,983	2,229	2,336	2,670	2,945
14,000		2,069	2,323	2,436	2,783	3,070
14,500		2,159	2,423	2,540	2,903	3,202
15,000		2,253	2,528	2,650	3,028	3,340

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 9.

Important notes

- Use the applicant's age on the *effective date*.

For Trip Cancellation & Interruption

- After-departure benefits cover prepaid travel arrangements only.
- Prior-to-departure benefit amounts in excess of \$15,000 require individual consideration. Have your client complete a Trip Cancellation & Interruption Questionnaire and submit it with a copy of the itinerary to the Medical Underwriting Department for a quote.
- Trip Cancellation benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or the ultimate diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* is cancelled.
- All-inclusive Package rate tables are not available to persons who:
 - want to be medically underwritten; or
 - are travelling for 31 days or more.

In such cases, your clients can receive the same coverage by purchasing the Emergency Hospital & Medical for Canadians along with the Trip Cancellation & Interruption – Select Plans. See pages 5 and 19 for rates.

SUBJECT TO PROVINCIAL SALES TAX	
8% SALES TAX ONTARIO	9% SALES TAX QUEBEC

ALL-INCLUSIVE PACKAGE PLANS – NON-USA RATES



WORLDWIDE DESTINATIONS

		1 - 16 DAYS			17 - 23 DAYS			24 - 30 DAYS		
		Ages 0 - 59	60 - 65	66 - 70	0 - 59	60 - 65	66 - 70	0 - 59	60 - 65	66 - 70
SUM INSURED PRIOR TO DEPARTURE	AFTER DEPARTURE									
		\$500	unlimited	\$57	\$70	\$83	\$81	\$101	\$131	\$96	$118	$157
1,000	74	85		98	86	116	154	123	133	174
1,500	87	100		119	103	130	167	145	156	202
2,000	120	132		161	136	172	194	161	186	220
2,500	152	173		193	160	197	218	184	221	253
3,000	166	204		231	182	221	253	218	241	298
3,500	200	237		254	204	244	290	238	277	319
4,000	231	270		314	246	301	342	283	317	370
4,500	246	300		339	266	316	354	295	340	384
5,000	278	334		355	298	353	391	327	378	421
5,500	309	366		388	328	383	427	358	404	449
6,000	339	400		422	360	419	463	388	433	485
6,500	370	426		459	391	455	499	418	470	521
7,000	399	462		495	421	491	536	448	505	557
7,500	431	497		531	454	527	571	464	541	593
8,000	461	534		568	484	563	607	494	578	629
8,500	493	570		604	515	600	644	525	614	666
9,000	521	606		640	536	636	680	554	650	702
9,500	552	642		677	567	672	716	583	686	738
10,000	583	679		712	597	708	752	614	723	774
10,500	613	713	748	627	743	790	644	759	813	
11,000	641	747	783	657	778	827	674	794	851	
11,500	670	781	820	688	814	866	705	831	891	
12,000	700	814	855	716	849	903	736	867	930	
12,500	728	848	891	747	884	941	766	903	968	
13,000	757	884	929	780	921	981	798	941	1,008	
13,500	788	921	968	814	959	1,023	831	980	1,050	
14,000	821	961	1,010	850	1,000	1,067	865	1,022	1,094	
14,500	855	1,002	1,054	887	1,042	1,113	902	1,066	1,140	
15,000	890	1,045	1,100	927	1,087	1,161	940	1,112	1,188	

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 9.

Important notes

- Use the applicant’s age on the *effective date*.

For Trip Cancellation & Interruption

- After-departure benefits cover prepaid travel arrangements only.
- Prior-to-departure benefit amounts in excess of \$15,000 require individual consideration. Have your client complete a Trip Cancellation & Interruption Questionnaire and submit it with a copy of the itinerary to the Medical Underwriting Department for a quote.
- Trip Cancellation benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or the ultimate diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* is cancelled.
- All-inclusive Package rate tables are not available to persons who:
 - want to be medically underwritten; or
 - are travelling for 31 days or more.

In such cases, your clients can receive the same coverage by purchasing the Emergency Hospital & Medical for Canadians along with the Trip Cancellation & Interruption – Select Plans. See pages 5 and 19 for rates.

SUBJECT TO PROVINCIAL SALES TAX	
8% SALES TAX ONTARIO	9% SALES TAX QUEBEC

ALL-INCLUSIVE PACKAGE PLANS – NON-USA RATES

NEW

WORLDWIDE DESTINATIONS

SUM INSURED PRIOR TO DEPARTURE | AFTER DEPARTURE		Ages				
		1-4 DAYS	5-9 DAYS	10-16 DAYS	17-23 DAYS	24-30 DAYS
		71 – 76				
		unlimited				
\$500		\$86	\$129	\$176	\$251	\$321
1,000		116	153	200	268	340
1,500		140	178	224	293	374
2,000		173	210	257	328	398
2,500		206	244	292	362	432
3,000		249	293	342	413	484
3,500		270	300	358	444	510
4,000		299	347	400	479	539
4,500		315	360	410	521	585
5,000		347	394	444	559	627
5,500		383	426	479	593	661
6,000		413	460	512	627	693
6,500		447	494	546	661	727
7,000		486	527	580	693	761
7,500		521	560	614	727	795
8,000		557	596	644	761	821
8,500		590	633	685	795	855
9,000		626	669	724	821	888
9,500		661	706	763	855	934
10,000		694	745	803	894	983
10,500		729	782	844	939	1,033
11,000		765	820	883	983	1,081
11,500		800	857	923	1,029	1,132
12,000		834	893	965	1,074	1,181
12,500		869	931	1,004	1,118	1,230
13,000		906	971	1,045	1,164	1,281
13,500		944	1,013	1,088	1,213	1,335
14,000		985	1,057	1,133	1,264	1,392
14,500		1,027	1,103	1,180	1,317	1,452
15,000		1,072	1,151	1,230	1,373	1,514

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 9.

Important notes

- Use the applicant's age on the *effective date*.

For Trip Cancellation & Interruption

- After-departure benefits cover prepaid travel arrangements only.
- Prior-to-departure benefit amounts in excess of \$15,000 require individual consideration. Have your client complete a Trip Cancellation & Interruption Questionnaire and submit it with a copy of the itinerary to the Medical Underwriting Department for a quote.
- Trip Cancellation benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or the ultimate diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* is cancelled.
- All-inclusive Package rate tables are not available to persons who:
 - want to be medically underwritten; or
 - are travelling for 31 days or more.

In such cases, your clients can receive the same coverage by purchasing the Emergency Hospital & Medical for Canadians along with the Trip Cancellation & Interruption – Select Plans. See pages 5 and 19 for rates.

SUBJECT TO PROVINCIAL SALES TAX	
8% SALES TAX ONTARIO	9% SALES TAX QUEBEC

ALL-INCLUSIVE PACKAGE PLANS – NON-USA RATES



WORLDWIDE DESTINATIONS

SUM INSURED PRIOR TO DEPARTURE | AFTER DEPARTURE		1-4 DAYS	5-9 DAYS	10-16 DAYS	17-23 DAYS	24-30 DAYS
		Ages 77 +				
\$500	unlimited	\$161	\$250	\$370	\$593	\$757
1,000		191	285	408	637	806
1,500		221	315	440	671	838
2,000		260	358	481	713	882
2,500		299	398	519	757	926
3,000		352	452	558	794	966
3,500		421	526	596	831	1,003
4,000		488	598	671	898	1,068
4,500		558	672	743	965	1,112
5,000		627	745	816	1,038	1,156
5,500		695	818	889	1,111	1,230
6,000		765	892	963	1,185	1,305
6,500		832	965	1,036	1,258	1,376
7,000		901	1,038	1,109	1,331	1,450
7,500		970	1,111	1,183	1,405	1,522
8,000		1,038	1,185	1,256	1,476	1,596
8,500		1,108	1,258	1,329	1,551	1,670
9,000		1,175	1,331	1,403	1,625	1,757
9,500		1,244	1,405	1,475	1,696	1,855
10,000		1,313	1,476	1,549	1,771	1,954
10,500	1,378	1,551	1,626	1,859	2,050	
11,000	1,444	1,625	1,704	1,947	2,149	
11,500	1,510	1,698	1,781	2,036	2,246	
12,000	1,576	1,772	1,859	2,124	2,344	
12,500	1,642	1,846	1,936	2,212	2,441	
13,000	1,711	1,924	2,017	2,304	2,543	
13,500	1,784	2,005	2,102	2,401	2,650	
14,000	1,860	2,091	2,191	2,503	2,762	
14,500	1,941	2,181	2,284	2,610	2,880	
15,000	2,025	2,275	2,383	2,723	3,004	

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 9.

Important notes

- Use the applicant's age on the *effective date*.

For Trip Cancellation & Interruption

- After-departure benefits cover prepaid travel arrangements only.
- Prior-to-departure benefit amounts in excess of \$15,000 require individual consideration. Have your client complete a Trip Cancellation & Interruption Questionnaire and submit it with a copy of the itinerary to the Medical Underwriting Department for a quote.
- Trip Cancellation benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the Insured Risk, *injury* or the ultimate diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* is cancelled.
- All-inclusive Package rate tables are not available to persons who:
 - want to be medically underwritten; or
 - are travelling for 31 days or more.

In such cases, your clients can receive the same coverage by purchasing the Emergency Hospital & Medical for Canadians along with the Trip Cancellation & Interruption – Select Plans. See pages 5 and 19 for rates.

SUBJECT TO PROVINCIAL SALES TAX	
8% SALES TAX ONTARIO	9% SALES TAX QUEBEC

YOUTH ADVENTURE PACKAGE PLAN

NEW
2011
RATES

NON-USA INCLUDES TRAVEL WORLDWIDE

NO OF DAYS	AGES 0 - 30 YEARS	
	PER PERSON	FAMILY
1-16 DAYS	\$27	\$54
17-23 DAYS	42	84
24-30 DAYS	56	112
31-35 DAYS	67	134
36-44 DAYS	82	164
45-52 DAYS	100	200
53-60 DAYS	117	234
61-90 DAYS	134	268
91-120 DAYS	175	350
121-150 DAYS	210	420
151-180 DAYS	247	494
181-210 DAYS	281	562
211-240 DAYS	312	624
241-270 DAYS	339	678
271-300 DAYS	378	756
301-330 DAYS	418	836
331-365 DAYS	460	920

SUBJECT TO PROVINCIAL SALES TAX	
8% SALES TAX ONTARIO	9% SALES TAX QUEBEC

ELIGIBILITY

1. Coverage is NOT AVAILABLE to any individual who:
 - a) has been diagnosed with a *terminal* illness;
 - b) has been diagnosed with or has had an episode of congestive heart failure;
 - c) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
 - d) has Alzheimer's disease or any other type of dementia;
 - e) has received any type of *treatment* for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
 - f) has been prescribed or used home oxygen *treatment* in the last 12 months;
 - g) has had a major organ transplant (heart, kidney, liver, lung); or
 - h) has received kidney dialysis *treatment* in the last 12 months.
2. To be eligible for coverage a person must be:
 - a) at least 15 days old; and
 - b) age 30 or under; and
 - c) insured for benefits under a Canadian government health insurance plan during the entire *period of coverage*; and
 - d) currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*.

SUMMARY OF COVERAGE AND ELIGIBILITY

Emergency Hospital & Medical for Canadians \$5 million

For the Summary refer to page 4.

Trip Interruption \$1,500

For the Summary refer to page 23.

Accidental Death & Dismemberment \$10,000

For the Summary refer to page 22.

Baggage \$500

For the Summary refer to page 22.

Important notes

- Use the applicant's age on the *effective date*.
- For destinations excluding the USA.
- Allows 5 days transit through the USA.

To be eligible for coverage a person must:

- a) be at least 15 days old; and
- b) be scheduled to travel on a *trip* to, from or within Canada; and
- c) purchase this coverage prior to leaving for the trip.
- d) If purchasing this coverage at the time of, or after the initial *trip* payment, or after cancellation penalties are applicable, an *insured* must be in good health and know of no reason to:
 - i) seek medical attention; and
 - ii) cancel the *trip*; and
 - iii) make any claim.

Prior-to-departure benefit amounts in excess of \$15,000 require individual consideration. Have your client complete a Trip Cancellation & Interruption Questionnaire and submit it with a copy of the itinerary to the Medical Underwriting Department for a quote.

SUMMARY OF COVERAGE PER INSURED PERSON

Basic Plan

Prior-to-Departure	.....	sum insured
After-Departure	.....	unlimited
Default Protection	.....	\$3,500 (<i>aggregate limit applies</i>)
Return of Deceased	.....	\$10,000
Cremation at Place of Death	.....	\$4,000
Out of Pocket Allowance	.....	\$600

Select Plan

The following benefits are in addition to the benefits listed above.

Accidental Death & Dismemberment	...	\$10,000	Refer to page 22
Baggage	.....	\$500	Refer to page 22
Baggage Delay	.....	\$200	
Flight Accident	.....	\$50,000	Refer to page 23
Meals and Accommodation	.....	\$1,000	
Tour Operator	.....	\$1,000	

INSURED RISKS

Refer clients to the policy document for details.

TRIP CANCELLATION & INTERRUPTION – BASIC PLAN

NEW

SUM INSURED	BASIC PLAN					
	Age 0 - 59	Age 60 - 64	Age 65 - 69	Age 70 - 74	Age 75 - 79	Age 80+
PRIOR TO DEPARTURE						
\$100	\$24	\$28	\$32	\$36	\$48	\$52
200	30	33	39	48	63	66
300	35	39	47	60	78	87
400	39	46	52	71	93	109
500	46	52	60	77	103	126
600	51	59	65	82	111	139
700	55	63	70	85	117	151
800	62	70	77	90	129	169
900	66	74	80	94	134	181
1,000	72	80	87	101	145	194
1,100	76	85	90	106	154	204
1,200	80	89	96	111	163	216
1,300	84	94	100	114	169	226
1,400	88	99	106	119	181	237
1,500	93	103	110	122	187	247
1,600	98	110	115	130	198	259
1,700	101	113	119	134	205	270
1,800	107	118	123	139	216	281
1,900	111	122	130	144	225	293
2,000	115	129	134	147	232	302
2,100	117	131	137	154	240	310
2,200	122	137	144	166	256	329
2,300	130	143	153	179	273	347
2,400	133	147	157	188	285	361
2,500	137	153	162	196	297	370
Add to \$2,500 Premium Per Additional \$100 Up to \$15,000	\$3.98	\$4.98	\$5.98	\$6.75	\$7.64	\$9.30

SUBJECT TO PROVINCIAL SALES TAX	
8% SALES TAX ONTARIO	9% SALES TAX QUÉBEC

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 17.

Important notes

- Use the applicant’s age on the *application date*.
- After-departure benefits cover prepaid travel arrangements only.
- Prior-to-departure benefit amounts in excess of \$15,000 require individual consideration. For individual consideration, a Trip Cancellation & Interruption Questionnaire must be completed and submitted with a copy of the itinerary to the Medical Underwriting Department for a quote.

TRIP CANCELLATION & INTERRUPTION – SELECT PLAN

NEW

SUM INSURED	SELECT PLAN					
	Age 0 - 59	Age 60 - 64	Age 65 - 69	Age 70 - 74	Age 75 - 79	Age 80+
PRIOR TO DEPARTURE						
\$100	\$29	\$31	\$36	\$43	\$55	\$59
200	33	37	44	53	71	77
300	38	44	50	65	86	98
400	44	49	56	77	101	117
500	51	59	65	85	114	140
600	55	64	70	89	121	155
700	61	68	76	94	130	167
800	67	76	82	100	139	185
900	71	79	86	103	145	195
1,000	78	87	94	113	161	215
1,100	83	92	98	117	168	226
1,200	87	96	103	121	178	237
1,300	90	101	107	127	185	246
1,400	95	106	113	132	195	257
1,500	99	111	116	136	203	268
1,600	105	116	121	140	213	280
1,700	109	119	127	145	221	292
1,800	113	126	133	151	231	302
1,900	117	131	136	156	239	312
2,000	120	135	140	161	248	323
2,100	127	139	146	170	261	339
2,200	133	146	155	184	278	358
2,300	138	153	162	195	295	376
2,400	142	157	167	204	306	389
2,500	145	162	171	213	317	400
Add to \$2,500 Premium Per Additional \$100 Up to \$15,000	\$4.32	\$5.31	\$6.26	\$7.19	\$8.30	\$10.18

SUBJECT TO PROVINCIAL SALES TAX	
8% SALES TAX ONTARIO	9% SALES TAX QUEBEC

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 17.

Important notes

- Use the applicant’s age on the *application date*.
- After-departure benefits cover prepaid travel arrangements only.
- Prior-to-departure benefit amounts in excess of \$15,000 require individual consideration. For individual consideration, a Trip Cancellation & Interruption Questionnaire must be completed and submitted with a copy of the itinerary to the Medical Underwriting Department for a quote.

VISITORS TO CANADA PLAN

ELIGIBILITY

1. Coverage is NOT AVAILABLE to any individual who:

- a) has been diagnosed with a *terminal* illness;
- b) has been diagnosed with or has had an episode of congestive heart failure;
- c) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
- d) has Alzheimer's disease or any other type of dementia;
- e) has received any type of *treatment* for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
- f) has been prescribed or used home oxygen *treatment* in the last 12 months;
- g) has had a major organ transplant (heart, kidney, liver, lung); or
- h) has received kidney dialysis *treatment* in the last 12 months.

2. To be eligible for coverage you must:

- a) be at least **15 days** old;
- b) not be insured or eligible for benefits under a Canadian government health insurance plan;
- c) be in good health at the time *you* purchase *your* policy and on the *effective date*, and know of no reason why *you* would attend any *medical consultation* during the *period of coverage*;
- d) not reside in a nursing home, convalescent home, or rehabilitation centre;
- e) not require assistance with *activities of daily living*; and
- f) not have exceeded two years of uninterrupted coverage under a TIC insurance plan.

Important note

- Coverage for losses resulting from any *sickness* will begin 48 hours after the *effective date* if *you* purchase *your* policy:
 - a) after *your* arrival date in Canada; or
 - b) after the *expiry date* of an existing TIC policy.

SUMMARY OF COVERAGE PER INSURED PERSON

The following benefits are included in the maximum sum insured selected.

Accidental Death & Dismemberment	up to the maximum sum insured	refer to page 22
Accidental Dental	\$3,000	
Ambulance Services	up to maximum sum insured	
Attendant	\$500	
Chiropractor, Chiroprapist, Osteopath, Physiotherapist	\$500 per practitioner	
Cremation at Place of Death	\$4,000	
Dental Emergency	\$500	
Emergency Transportation	up to maximum sum insured	
Follow-up Visits	\$3,000	
Hospital Confinement and Medical Services	up to maximum sum insured	
Meals and Accommodation	up to \$150 per day and to a maximum of \$1,500	
Prescription Medication	\$500	
Return Home	\$3,000	
Return of Deceased	\$10,000	
Terrorism	<i>aggregate limit</i> (refer to the policy)	
Transportation of Relative or Friend	\$3,000	

MEDICAL QUESTIONNAIRES AND UNDERWRITING

A Detailed Application and Medical Questionnaire must be completed and submitted to TIC for individual assessment by our Medical Underwriting Department in the following cases:

- all applicants 70 to 79 years old requiring coverage for *cardiovascular, cerebrovascular* and *respiratory conditions*; or
- all applicants 80 years old and over requiring coverage for *pre-existing medical conditions*.

Please refer to pages 28 – 29 for more information on our Medical Underwriting procedures.

VISITORS TO CANADA PLAN – RATES

ACCIDENTAL DEATH & DISMEMBERMENT INCLUDED UP TO MAXIMUM SUM INSURED

AGES	0 - 25	26 - 34	35 - 39	40 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 85	86+
\$20 MINIMUM PREMIUM PER POLICY											
Sum Insured	Daily Rate Per Person										Contact Agency Services
\$10,000	\$1.58	\$1.68	\$1.79	\$1.89	\$2.00	\$2.94	\$3.15	\$4.62	\$5.51	\$4.78	
25,000	\$2.05	\$2.21	\$2.36	\$2.73	\$2.94	\$3.94	\$4.46	\$6.41	\$7.77	\$6.88	
50,000	\$2.36	\$2.52	\$2.63	\$3.10	\$3.31	\$4.62	\$5.25	\$7.61	\$9.77	\$8.72	
100,000	\$3.10	\$3.41	\$3.62	\$4.62	\$4.78	\$5.72	\$7.09	\$9.56	\$11.81	\$11.03	
150,000	\$3.73	\$3.96	\$4.40	\$5.52	\$5.61	\$6.80	\$7.55	\$10.13	\$12.33	\$13.75	

*Family premium = Individual premium of eldest person X 2

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 20.

Important notes

- Use the applicant's age on the *effective date*.
- Maximum *period of coverage* is 365 days.
- A family rate is available. Family includes the applicant, age 69 and under, the applicant's *spouse*, age 69 and under, and *dependent children*. The premium for family coverage is calculated at two times the premium for the eldest adult age 69 and under.

DEDUCTIBLES

Standard deductible per person per claim: \$0

Optional deductibles:

\$100 . . . 5% savings

\$250 . . . 10% savings

OTHER PLANS

BAGGAGE

SUM INSURED \$1,000 OR \$1,500

DAYS	\$1,000 SUM INSURED	\$1,500 SUM INSURED
1 - 5	\$21/PERSON	\$26/PERSON
6 - 10	\$37/PERSON	\$52/PERSON
11 - 18	\$58/PERSON	\$74/PERSON
19 - 35	\$79/PERSON	\$100/PERSON
36 - 60	\$110/PERSON	\$147/PERSON
61 - 365*	\$1.65/DAY*	\$2.20/DAY*

* add the 60 day premium to the daily rate for each additional day over 60 days.

SUMMARY OF COVERAGE PER INSURED PERSON

Baggage	up to sum insured
Personal Currency	\$100
Wheelchair	\$100
Injury of Accomp. Cat or Dog ..	\$200
Travel Documents	\$100

SUBJECT TO PROVINCIAL SALES TAX	
8% SALES TAX ONTARIO	9% SALES TAX QUEBEC

To be eligible for coverage a person must:

- be travelling on a *trip* to, from, or within Canada; and
- purchase coverage for the entire duration of the *trip*.

Important notes

- \$50 deductible for each event causing loss.
- Must be purchased for the entire duration of the *trip*.
- Worldwide coverage outside the *insured's* province or territory of residence.

ACCIDENTAL DEATH & DISMEMBERMENT

SUM INSURED \$25,000, \$100,000 OR \$250,000

SUM INSURED	DAILY RATE
\$25,000	\$0.35*
\$100,000	\$1.30*
\$250,000	\$3.25*

SUMMARY OF COVERAGE PER INSURED PERSON

For losses other than as a result of a Flight Accident:

- 100% of sum insured resulting from the same accidental *injury* for loss of:
 - life, or entire sight of both eyes, or both hands, or both feet; or
 - one hand and entire sight of one eye; or
 - one foot and entire sight of one eye.
- 50% of sum insured resulting from the same accidental *injury* for loss of:
 - entire sight of one eye, or one hand, or one foot.
- Exposure and disappearance up to sum insured.

* Minimum premium per person is \$16.

To be eligible for coverage a person must:

- be at least 15 days old; and
- not reside in a nursing home, convalescent home, or rehabilitation centre; and
- not require assistance with daily living activities.

Important notes

- Not available for travel within the *insured's* province, territory or *country of origin*.
- Maximum *period of coverage* is 365 days.

OTHER PLANS

FLIGHT ACCIDENT

SUM INSURED \$200,000 OR \$500,000

SUM INSURED	PER PERSON
\$200,000	\$14.50/TRIP
\$500,000	\$29.10/TRIP

To be eligible for this coverage a person must be at least 15 days old.

Important notes

- Maximum *period of coverage* is 365 days.

SUMMARY OF COVERAGE PER INSURED PERSON

For losses as a result of a **Flight Accident**:

- 100% of sum insured resulting from the same accidental *injury* for loss of:
 - life, or entire sight of both eyes, or both hands, or both feet; or
 - one hand and entire sight of one eye; or
 - one foot and entire sight of one eye.
- 50% of sum insured resulting from the same accidental *injury* for loss of:
 - entire sight of one eye, or one hand, or one foot.
- Exposure and disappearance up to sum insured.
- *Aggregate limit* of \$10 million.

TRIP INTERRUPTION

SUM INSURED \$800, \$1,500 OR \$2,000

SUM INSURED	PER PERSON
\$800	\$13/TRIP
\$1,500	\$19/TRIP
\$2,000	\$26/TRIP

To be eligible for coverage a person must be:

- a) at least 15 days old; and
- b) scheduled to travel on a *trip* to or from Canada.

Important notes

- Maximum *period of coverage* is 365 days.

SUMMARY OF COVERAGE PER INSURED PERSON

Emergency Return Home up to sum insured

Risks Insured

Refer clients to the policy document for details.

RENTAL CAR COLLISION DAMAGE PROTECTION

SUM INSURED	PER VEHICLE
\$50,000	\$13/DAY*

* Minimum premium is \$24 per policy.

To be eligible for this coverage a person must hold a driver's license that is valid in Canada.

Important notes

- Maximum *period of coverage* is 31 consecutive days, unless authorized in advance by TIC.

SUMMARY OF COVERAGE PER INSURED VEHICLE

Physical Damage or Loss \$50,000

GLOBAL EXPATRIATE HOSPITAL & MEDICAL PLAN

SUMS INSURED IN US DOLLARS FOR THE USA PLAN AND IN CANADIAN DOLLARS FOR THE NON-USA PLAN.

To be eligible for coverage a person must:

- a) be at least 15 days old; and
- b) not be insured or eligible for benefits under a Canadian government health insurance plan; and
- c) be currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*; and
- d) be either
 - i. a Canadian citizen residing outside of Canada; or
 - ii. a Canadian citizen returning to reside in Canada and awaiting coverage under a government health insurance plan; or
 - iii. a non-Canadian citizen residing in Canada; or
 - iv. a non-Canadian citizen residing outside of their *country of origin* while employed by a Canadian company; and
- e) not reside in a nursing home, convalescent home, or rehabilitation centre; and
- f) not require assistance with daily living activities.

SUMMARY OF COVERAGE PER INSURED PERSON

Basic Plan	sum insured \$100,000
Accidental Dental	\$3,000
Ambulance services (land, air or sea)	up to the sum insured
Chiropractor	\$1,000
Cremation at place of death	\$4,000
Dental <i>Emergencies</i>	\$500
Dental surgical procedures	\$500
Diagnostics, lab tests and x-rays	up to the sum insured
Drugs or medication	90 days supply up to the sum insured
<i>Emergency</i> transportation	up to the sum insured
Eye Examination	once per year
<i>Hospital</i>	up to the sum insured
Maternity benefit	80% of costs up to \$25,000
Physical Examination	once per year up to \$200
<i>Physician</i> , surgeon, anesthetist, nurse	up to the sum insured
Physiotherapist	\$1,000
Podiatrist or Osteopath	\$1,000
Private duty nursing	up to the sum insured
Psychiatrist	10 visits per year
Purchase of splints, trusses, braces, prosthetic appliances	up to the sum insured
Rental of wheelchair, crutches, <i>hospital</i> bed	up to the purchase price
Return of deceased	\$10,000
Return Home	\$3,000

Select Plan

sums insured \$500,000 or \$1 million

The following benefits are in addition to those offered under the Basic Plan:

Accidental Death & Dismemberment ...	\$10,000
Child Attendant	\$500
Transportation of Family or Friend	\$3,000
Vaccinations	\$100

GLOBAL EXPATRIATE HOSPITAL & MEDICAL – BASIC PLAN

SUM INSURED USD \$100,000 FOR DESTINATIONS WORLDWIDE INCLUDING THE USA.
 SUM INSURED CAD \$100,000 FOR DESTINATIONS WORLDWIDE EXCLUDING THE USA.

	NON-USA	USA
	Option 1	Option 2
Sum Insured	\$100,000	\$100,000
Age	PREMIUM PER MONTH CAD	
0 - 29	\$84	\$98
30 - 34	86	106
35 - 39	88	115
40 - 44	98	141
45 - 49	103	178
50 - 54	131	227
55 - 59	156	271
60 - 64	198	344
65 - 69	336	582
70 - 74	539	933
75 - 79	623	1,079

PRE-PAYMENT DISCOUNT	
6 months	6%
7 months	7%
8 months	8%
9 months	9%
10 months	10%
11 months	11%
12 months	12%

All applicants require individual assessment by our Medical Underwriting Department, except under Option 1 when your client does not want coverage for pre-existing medical conditions. Please refer to our Medical Underwriting Procedures on pages 28-29.

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 24.

Important notes

- Use the applicant's age on the *effective date*.
- Maximum *period of coverage* is 365 days. Client must then re-apply for coverage.

Deductibles

The standard deductible is \$0

Premium savings for optional deductibles.

(Deductibles are in US dollars for the USA Plan and in Canadian dollars for the Non-USA Plan.)

\$500 deductible	savings 5%
\$1,000 deductible	savings 10%
\$5,000 deductible	savings 30%
\$10,000 deductible	savings 40%
\$25,000 deductible	savings 45%

GLOBAL EXPATRIATE HOSPITAL & MEDICAL – SELECT PLAN

OPTIONAL SUM INSURED USD \$500,000 OR \$1 MILLION FOR DESTINATIONS WORLDWIDE INCLUDING THE USA.
 OPTIONAL SUM INSURED CAD \$500,000 OR \$1 MILLION FOR DESTINATIONS WORLDWIDE EXCLUDING THE USA.

	NON-USA		USA	
	Option 3	Option 4	Option 5	Option 6
Sum Insured	\$500,000	\$1 MILLION	\$500,000	\$1 MILLION
Age	PREMIUM PER MONTH CAD		PREMIUM PER MONTH CAD	
0 - 29	\$112	\$118	\$137	\$144
30 - 34	122	129	149	157
35 - 39	131	138	160	168
40 - 44	160	169	196	207
45 - 49	204	215	249	263
50 - 54	260	274	318	335
55 - 59	309	325	378	397
60 - 64	395	416	483	508
65 - 69	679	715	830	874
70 - 74	1,076	1,134	1,315	1,385
75 - 79	1,259	1,326	1,539	1,620

PRE-PAYMENT DISCOUNT	
6 months	6%
7 months	7%
8 months	8%
9 months	9%
10 months	10%
11 months	11%
12 months	12%

A detailed application and medical questionnaire is required for all options.
 Refer to Medical Underwriting Procedures on pages 28-29.

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 24.

Important notes

- Use the applicant's age on the *effective date*.
- Maximum *period of coverage* is 365 days. Client must then re-apply for coverage.

Deductibles

The standard deductible is \$0

Premium savings for optional deductibles.

(Deductibles are in US dollars for the USA Plan and in Canadian dollars for the Non-USA Plan.)

\$500 deductible	savings 5%
\$1,000 deductible	savings 10%
\$5,000 deductible	savings 30%
\$10,000 deductible	savings 40%
\$25,000 deductible	savings 45%

INTERNATIONAL STUDENT

	STANDARD PLAN		ENHANCED PLAN	
	\$30 MINIMUM PREMIUM PER POLICY			
	Per Day	1 Year	Per Day	1 Year
Single Person	\$1.35	\$485	\$1.85	\$665
Each Dependent	\$1.70	\$595	\$2.35	\$855

Important notes

* Minimum premium is \$30.

- When coverage is purchased after arrival in Canada or after the expiry of a TIC International Student policy no benefits are payable due to sickness occurring within 48 hours of the *effective date*.
- The Enhanced Plan must be purchased at time of application.
- Coverage outside Canada is included, provided the *insured person* spends at least 51% of the *period of coverage* within Canada. *Trips* to the United States are limited to 30 days.
- Maximum *period of coverage* is 365 days.
- *Dependents* must purchase the same plan as the eligible *student*.

To be eligible for coverage a person must:

- a) be a *student*; or
- b) be a *dependent* of such eligible *student*, all of whom live together in the same residence as the *insured student*; and
- c) be currently in good health; and
- d) be less than 65 years of age; and
- e) not be insured or eligible for benefits under a Canadian government health insurance plan.

SUMMARY OF COVERAGE PER INSURED PERSON

The following benefits are included in the overall maximum of \$2 million.

Standard Plan EXCLUDES any *pre-existing conditions*.

Accidental Death & Dismemberment	\$15,000
Accidental Dental	\$5,000
Dental <i>Emergencies</i>	\$600
Diagnostics, Lab Tests and X-rays	up to overall maximum
Drugs or Medications	up to a one-month supply
Emergency Air Transportation/Return Home	up to overall maximum
Eye Examination	one per year
Follow up visits	up to \$3,000
<i>Hospital</i> Confinement and Medical Services	up to overall maximum
Maternity Benefit	up to \$1,000
<i>Physician</i> , Surgeon, Anesthetist, Nurse	up to overall maximum
Physical Examination	one per year
Return of Deceased	\$15,000
Transportation of Family or Friend	\$5,000
Wisdom Teeth	\$100 per tooth

The following benefits have an overall combined maximum \$10,000.

Ambulance services; private duty nursing; radiology; physiotherapist; osteopath; podiatrist; chiropractor; rental of wheelchair, crutches, *hospital* bed. Purchase of splints, trusses, braces, prosthetic appliances. Oxygen and equipment for its administration, blood and blood plasma.

Enhanced Plan – The following benefits are in addition to the benefits included in the Standard Plan

- 90 day stability clause for *pre-existing conditions*
- Maternity benefits up to \$10,000
- Psychologist and Psychiatric Care Benefit
- Inpatient \$10,000; Outpatient \$1,000

MEDICAL UNDERWRITING PROCEDURES

MEDICAL UNDERWRITING

Medical Underwriting gives your clients the option to request coverage for *pre-existing medical conditions*. It is also required for certain ages, *trip* lengths and insurance products as described below.

Insurability

Please note that TIC is unable to offer **any** insurance coverage to individuals with certain high risk medical conditions. Therefore, coverage is **not available** to any individual who:

- has been diagnosed with a terminal illness;
- has been diagnosed with or has had an episode of congestive heart failure;
- has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
- has Alzheimer's disease or any other type of dementia;
- has received any type of *treatment* for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
- has been prescribed home oxygen *treatment* in the last 12 months;
- has had a major organ transplant (heart, kidney, liver, lung); or
- has received kidney dialysis in the last 12 months.

Please refer to each product for specific eligibility requirements.

Before deciding whether your client needs medical underwriting, please discuss the medical conditions or treatments above to determine general eligibility for TIC Travel Insurance.

Please note that if your client has any of the following conditions:

- Multiple Sclerosis (MS)
- Hemochromatosis
- Scleroderma
- Systemic Lupus Erythematosus (SLE)
- Idiopathic Thrombocytopenic Purpura (ITP)

TIC may consider offering your client coverage provided that they submit medical records at their own expense. Please ask your client to submit a Detailed Medical Questionnaire and their medical records.

Important Notes:

1. If there are any changes in your client's medical status between their *application date* and their departure date or *Top-up/Extension effective date*, their coverage is null and void until their medical status has been re-assessed. If your client advises you of such a change, contact Agency Services to determine the next course of action.
2. **The Underwriting decision applies regardless of the sales medium and/or channel through which your client purchases insurance. If a policy is issued to your client that does not include this underwriting decision, it will be considered null and void and any premium paid will be refunded and no claims payable.**

3. Your client's underwriting option/offer will expire in three months if not purchased. If the offer has expired your client must complete a new Detailed Medical Questionnaire.
4. Detailed Medical Questionnaires may be submitted for assessment up to a maximum of six months prior to the expected date of departure.

UNDERWRITING PROCEDURES FOR THE BASIC MEDICAL QUESTIONNAIRE

Who Completes the Basic Medical Questionnaire?

1. All applicants 60 years or older eligible for the Emergency Hospital & Medical plan for Canadians who are travelling 16 days or longer.
2. All applicants 75 years or older eligible for the Emergency Hospital & Medical for Canadians who are travelling for any trip length.

Instructions:

1. Complete the Basic Medical Questionnaire with your client through QuickTIC (please refer to your system User Guide, found at www.ticnet.ca).
2. In many cases, you will be able to quote a premium and issue a policy directly through QuickTIC.
3. Discuss deductible options with your client.
4. QuickTIC will quote a minimum premium of \$25 per policy.
5. Once payment is processed, QuickTIC will generate a confirmation of coverage, including a medical declaration, wallet card and policy.
6. Attach the confirmation of coverage and medical declaration to the policy and give it to your client. Keep a copy for your records. **You do not need to send anything to TIC.**
7. If your client wishes us to consider coverage for pre-existing medical conditions, they may apply for an individualized quote by completing a Detailed Medical Questionnaire.

Important Notes

1. If there are any changes in your client's medical status between their *application date* and their departure date or *Top-up/Extension effective date*, their coverage is null and void until their medical status must be re-assessed. If your client advises you of such a change, contact Agency Services to determine the next course of action.
2. The Underwriting decision applies regardless of the sales medium and/or channel through which your client purchases insurance. If a policy is issued to your client that does not include this underwriting decision, it will be considered null and void, any premium paid will be refunded and no claims will be payable.

If you have any questions regarding the Basic Medical Questionnaire, please contact Agency Services for assistance:

1-866-543-1109 (Québec)

1-800-465-4279 (rest of Canada)

MEDICAL UNDERWRITING PROCEDURES

UNDERWRITING PROCEDURES FOR THE DETAILED QUESTIONNAIRE

Our Medical Underwriting Department assesses applicants who meet the criteria below on a case-by-case basis in order to determine if we can offer an individualized quote that addresses their particular health needs.

Important Notes

1. If there are any changes in your client's medical status between their *application date* and their departure date or Top-up/Extension *effective date*, their coverage is null and void until their medical status must be re-assessed. If your client advises you of such a change, contact Agency Services to determine the next course of action.
2. The Underwriting decision applies regardless of the sales medium and/or channel through which your client purchases insurance. If a policy is issued to your client that does not include this underwriting decision, it will be considered null and void, any premium paid will be refunded and no claims will be payable.
3. Your clients underwriting option/offer will expire in three months if not purchased. If the offer has expired your client must complete a new Detailed Medical Questionnaire.
4. Detailed Medical Questionnaires may be submitted for assessment up to a maximum of six months prior to the expected date of departure.

Who Completes the Detailed Medical Questionnaire?

Emergency Hospital & Medical for Canadians

- All applicants 85 years or older eligible for the Emergency Hospital & Medical for Canadians who are travelling for any trip length.

Visitors to Canada Plan

- All applicants 70 to 79 years old requiring assessment of their *cardiovascular, cerebrovascular and respiratory* conditions.
- All applicants 80 years old and over requiring assessment of their *pre-existing medical conditions*.

Global Expatriate Hospital & Medical

- All applicants requesting coverage under Select Plan Options 2 through 6.
- Any applicant requesting coverage under the Basic Plan Option 1 and who wants to ensure coverage for *pre-existing medical conditions*.

Trip Cancellation amounts over \$15,000

If your client wants Trip Cancellation coverage in excess of \$15,000, a Trip Cancellation & Interruption Questionnaire must be completed and submitted with your client's detailed trip itinerary to the Medical Underwriting Department.

How to complete the Detailed Medical Questionnaire

1. Download the Detailed Medical Questionnaire from www.ticnet.ca or from the link in QuickTIC.
2. Please remember to provide your TIC Broker Code on the questionnaire to ensure your commission is paid to you for this sale.
3. Ask your client to complete the Detailed Medical Questionnaire. If they are unsure about any answers, ask them to speak with their physician.
4. **Please refer to the "Who should we contact?" section of the Detailed Medical Questionnaire.**
 - **If the box marked "Broker" is selected, we will direct all communication to you during the application process.**

Once TIC receives the fully completed form, the Medical Underwriting Department will fax or email the decision to you within a maximum of four business days.
 - **If the box marked "Applicant" is selected, we will direct all communication to your client or other third party as indicated.**
 - a) If your client has been approved for coverage, we will phone your client and provide an offer detailing one or more coverage options.
 - b) We will process the policy on your behalf and fulfill the policy directly to your client.
 - c) You will receive an email advising you of the sale. The policy details will appear on your next billing statement.
5. **Fax the completed Detailed Application and Medical Questionnaire to the Medical Underwriting Department for assessment at 1-866-256-2377 or email at directuw@travelinsurance.ca.**
6. It is important that the Detailed Medical Questionnaire is completed in full to avoid delays.

If you have any questions regarding the Detailed Medical Questionnaire, please contact Medical Underwriting Assistance by phone at 1-888-298-8151 or by email at urgent.uw@travelinsurance.ca.

Basic Medical Underwriting – Rate Tables

INCLUDES TRAVEL WORLDWIDE

RATE TABLE 1						
NO. OF DAYS	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
1-35 DAYS	\$3.53	\$4.93	\$5.89	\$8.58	\$20.32	Contact Agency Services
36-64 DAYS	\$3.53	\$4.93	\$5.96	\$8.67	\$20.36	
65-94 DAYS	\$3.70	\$5.78	\$6.43	\$10.80	\$21.45	
95-124 DAYS	\$4.45	\$6.35	\$6.92	\$11.40	\$22.59	
125-154 DAYS	\$4.73	\$6.64	\$7.31	\$12.01	\$23.77	
155-183 DAYS	\$5.72	\$7.32	\$7.84	\$12.92	\$26.17	
184-365 DAYS	\$6.76	\$8.67	\$9.28	\$14.93	\$30.97	

MINIMUM PREMIUM IS \$25 PER POLICY

RATE TABLE 2						
NO. OF DAYS	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
1-35 DAYS	\$5.51	\$7.01	\$8.40	\$13.50	\$27.44	Contact Agency Services
36-64 DAYS	\$5.62	\$7.10	\$8.45	\$13.58	\$27.48	
65-94 DAYS	\$5.79	\$7.89	\$8.90	\$15.60	\$28.51	
95-124 DAYS	\$6.49	\$8.44	\$9.37	\$16.17	\$29.59	
125-154 DAYS	\$6.76	\$8.71	\$9.74	\$16.76	\$30.71	
155-183 DAYS	\$7.70	\$9.36	\$10.24	\$17.62	\$32.99	
184-365 DAYS	\$8.68	\$10.65	\$11.62	\$19.53	\$37.56	

MINIMUM PREMIUM IS \$25 PER POLICY

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 4.

Important notes

- Use the applicant's age on the *effective date*.
- Deductibles are found on page 31.
- TIC must be notified if there are any changes in the applicant's medical status after a medically underwritten coverage has been approved and prior to the *effective date*.

EMERGENCY HOSPITAL & MEDICAL FOR CANADIANS – USA PLAN

**NEW
2011
RATES**

Basic Medical Underwriting – Rate Tables

INCLUDES TRAVEL WORLDWIDE

RATE TABLE 3						
NO. OF DAYS	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
1-35 DAYS	\$8.50	\$9.64	\$11.22	\$19.38	\$36.17	Contact Agency Services
36-64 DAYS	\$8.59	\$9.72	\$11.28	\$19.46	\$36.21	
65-94 DAYS	\$8.73	\$10.40	\$11.73	\$21.48	\$37.24	
95-124 DAYS	\$9.33	\$10.86	\$12.20	\$22.05	\$38.32	
125-154 DAYS	\$9.56	\$11.09	\$12.57	\$22.64	\$39.44	
155-183 DAYS	\$10.35	\$11.64	\$13.07	\$23.50	\$41.72	
184-365 DAYS	\$11.19	\$12.73	\$14.45	\$25.41	\$46.29	

MINIMUM PREMIUM IS \$25 PER POLICY

RATE TABLE 4						
NO. OF DAYS	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
1-35 DAYS	\$14.64	\$16.25	\$18.62	\$24.48	\$56.56	Contact Agency Services
36-64 DAYS	\$14.71	\$16.32	\$18.67	\$24.55	\$56.59	
65-94 DAYS	\$14.84	\$16.93	\$19.10	\$26.46	\$57.62	
95-124 DAYS	\$15.38	\$17.35	\$19.55	\$27.00	\$58.71	
125-154 DAYS	\$15.59	\$17.56	\$19.90	\$27.56	\$59.82	
155-183 DAYS	\$16.31	\$18.06	\$20.37	\$28.38	\$62.10	
184-365 DAYS	\$17.07	\$19.05	\$21.68	\$30.18	\$66.67	

MINIMUM PREMIUM IS \$25 PER POLICY

DEDUCTIBLES

Standard deductible per claim: \$250

Premium Surcharge/Savings for Optional Deductible

\$0 deductible	surcharge 10%
\$1,250 deductible	savings 10%
\$6,000 deductible	savings 30%
\$12,000 deductible	savings 40%
\$30,000 deductible	savings 45%
\$100,000 deductible	savings 80%

Basic Medical Underwriting – Rate Tables

INCLUDES TRAVEL WORLDWIDE

RATE TABLE 1						
NO. OF DAYS	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
1-35 DAYS	\$3.18	\$4.44	\$5.30	\$7.72	\$18.29	Contact Agency Services
36-64 DAYS	\$3.18	\$4.44	\$5.36	\$7.80	\$18.32	
65-94 DAYS	\$3.33	\$5.20	\$5.79	\$9.72	\$19.31	
95-124 DAYS	\$4.01	\$5.72	\$6.23	\$10.26	\$20.33	
125-154 DAYS	\$4.26	\$5.98	\$6.58	\$10.81	\$21.39	
155-183 DAYS	\$5.15	\$6.59	\$7.06	\$11.63	\$23.55	
184-365 DAYS	\$6.08	\$7.80	\$8.35	\$13.44	\$27.87	

MINIMUM PREMIUM IS \$25 PER POLICY

RATE TABLE 2						
NO. OF DAYS	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
1-35 DAYS	\$4.96	\$6.32	\$7.56	\$12.15	\$24.71	Contact Agency Services
36-64 DAYS	\$5.06	\$6.40	\$7.60	\$12.22	\$24.73	
65-94 DAYS	\$5.20	\$7.10	\$8.01	\$14.04	\$25.66	
95-124 DAYS	\$5.84	\$7.60	\$8.44	\$14.56	\$26.63	
125-154 DAYS	\$6.09	\$7.84	\$8.77	\$15.09	\$27.64	
155-183 DAYS	\$6.93	\$8.43	\$9.22	\$15.87	\$29.69	
184-365 DAYS	\$7.81	\$9.58	\$10.45	\$17.59	\$33.81	

MINIMUM PREMIUM IS \$25 PER POLICY

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 4.

Important notes

- Use the applicant's age on the *effective date*.
- For destinations excluding the USA.
- Allows 5 days transit through the USA.
- Deductibles are found on page 33.
- TIC must be notified if there are any changes in the applicant's medical status after a medically underwritten coverage has been approved and prior to the *effective date*.

EMERGENCY HOSPITAL & MEDICAL FOR CANADIANS – NON-USA PLAN

**NEW
2011
RATES**

Basic Medical Underwriting – Rate Tables

INCLUDES TRAVEL WORLDWIDE

RATE TABLE 3						
NO. OF DAYS	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
1-35 DAYS	\$7.66	\$8.68	\$10.10	\$17.44	\$32.56	Contact Agency Services
36-64 DAYS	\$7.74	\$8.76	\$10.15	\$17.51	\$32.58	
65-94 DAYS	\$7.85	\$9.36	\$10.56	\$19.33	\$33.51	
95-124 DAYS	\$8.40	\$9.78	\$10.99	\$19.85	\$34.48	
125-154 DAYS	\$8.61	\$9.98	\$11.32	\$20.38	\$35.49	
155-183 DAYS	\$9.32	\$10.48	\$11.77	\$21.16	\$37.54	
184-365 DAYS	\$10.07	\$11.45	\$13.00	\$22.88	\$41.66	

MINIMUM PREMIUM IS \$25 PER POLICY

RATE TABLE 4						
NO. OF DAYS	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
1-35 DAYS	\$13.18	\$14.63	\$16.76	\$22.03	\$50.91	Contact Agency Services
36-64 DAYS	\$13.24	\$14.70	\$16.80	\$22.09	\$50.93	
65-94 DAYS	\$13.35	\$15.24	\$17.19	\$23.81	\$51.86	
95-124 DAYS	\$13.85	\$15.62	\$17.60	\$24.30	\$52.84	
125-154 DAYS	\$14.04	\$15.81	\$17.91	\$24.81	\$53.84	
155-183 DAYS	\$14.68	\$16.26	\$18.34	\$25.55	\$55.89	
184-365 DAYS	\$15.37	\$17.14	\$19.50	\$27.17	\$60.01	

MINIMUM PREMIUM IS \$25 PER POLICY

DEDUCTIBLES

Standard deductible per claim: \$250

Premium Surcharge/Savings for Optional Deductible

\$0 deductible	surcharge 10%
\$1,250 deductible	savings 10%
\$6,000 deductible	savings 30%
\$12,000 deductible	savings 40%
\$30,000 deductible	savings 45%
\$100,000 deductible	savings 80%

Basic Medical Underwriting – Rate Tables

INCLUDES TRAVEL WORLDWIDE

RATE TABLE 1						
TRIP LENGTH	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
8 DAYS	\$71	\$99	\$118	\$172	\$406	Contact Agency Services
15 DAYS	122	170	203	296	701	
35 DAYS	185	259	309	450	1,067	
60 DAYS	318	444	536	780	1,832	
105 DAYS	701	1,000	1,090	1,796	3,558	

RATE TABLE 2						
TRIP LENGTH	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
8 DAYS	\$110	\$141	\$168	\$270	\$549	Contact Agency Services
15 DAYS	191	242	290	466	947	
35 DAYS	289	368	441	709	1,441	
60 DAYS	506	640	760	1,222	2,473	
105 DAYS	1,022	1,330	1,477	2,547	4,660	

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 4.

Important notes

- Use the applicant's age on the *effective date*.
- This product covers the *insured* on an unlimited number of *trips* during a 365-day period from the *effective date*.
- Coverage for each separate *trip* commences and becomes effective immediately upon the *insured's* departure from their home province or territory.
- *Top-ups* and *extensions* are available for *trips* over the *trip* length purchased (see pages 37 – 38 for procedures). An administration fee will be charged for extensions.
- Premiums are not refundable after the *effective date*.
- Deductibles are found on page 35.
- TIC must be notified if there are any changes in the applicant's medical status after a medically underwritten coverage has been approved and prior to the *effective date*.

EMERGENCY HOSPITAL & MEDICAL FOR CANADIANS – MULTI-TRIP BASIC PLAN

NEW
2011
RATES

Basic Medical Underwriting – Rate Tables

INCLUDES TRAVEL WORLDWIDE

RATE TABLE 3						
TRIP LENGTH	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
8 DAYS	\$170	\$193	\$224	\$388	\$723	Contact Agency Services
15 DAYS	294	333	387	668	1,248	
35 DAYS	446	506	589	1,018	1,900	
60 DAYS	774	876	1,015	1,751	3,258	
105 DAYS	1,469	1,711	1,923	3,473	6,035	

RATE TABLE 4						
TRIP LENGTH	AGES 60 – 64	AGES 65 – 69	AGES 70 – 74	AGES 75 – 79	AGES 80 – 84	AGES 85 AND UP
8 DAYS	\$293	\$325	\$372	\$490	\$1,131	Contact Agency Services
15 DAYS	506	561	642	844	1,951	
35 DAYS	769	853	978	1,285	2,970	
60 DAYS	1,324	1,470	1,680	2,209	5,093	
105 DAYS	2,423	2,733	3,080	4,253	9,247	

DEDUCTIBLES

Standard deductible per claim: \$250

Premium Surcharge/Savings for Optional Deductible

\$0 deductible	surcharge 10%
\$1,250 deductible	savings 10%
\$6,000 deductible	savings 30%
\$12,000 deductible	savings 40%
\$30,000 deductible	savings 45%
\$100,000 deductible	savings 80%

DETAILED MEDICAL QUESTIONNAIRE RATING

NEW
2011
RATES

Emergency Hospital & Medical for Canadians

INCLUDES TRAVEL WORLDWIDE

USA PLAN										
AGES	0 – 30	31 – 39	40 – 54	55 – 59	60 – 64	65 – 69	70 – 74	75 – 79	80 – 84	85 +
1 - 35 DAYS	\$2.31	\$2.54	\$2.60	\$3.28	\$3.53	\$4.93	\$5.89	\$8.58	\$20.32	Contact Agency Services
1 - 64 DAYS	\$2.31	\$2.54	\$2.60	\$3.28	\$3.53	\$4.93	\$5.96	\$8.67	\$20.36	
1 - 94 DAYS	\$2.38	\$2.65	\$2.70	\$3.28	\$3.70	\$5.78	\$6.43	\$10.80	\$21.45	
1 - 124 DAYS	\$2.38	\$2.65	\$2.70	\$3.28	\$4.45	\$6.35	\$6.92	\$11.40	\$22.59	
1 - 154 DAYS	\$2.38	\$2.65	\$2.70	\$3.28	\$4.73	\$6.64	\$7.31	\$12.01	\$23.77	
1 - 183 DAYS	\$2.38	\$2.65	\$2.70	\$3.28	\$5.72	\$7.32	\$7.84	\$12.92	\$26.17	
184 + DAYS	\$2.38	\$2.65	\$2.70	\$3.28	\$6.76	\$8.67	\$9.28	\$14.93	\$30.97	

MINIMUM PREMIUM IS \$25 PER POLICY

NON-USA PLAN										
AGES	0 – 30	31 – 39	40 – 54	55 – 59	60 – 64	65 – 69	70 – 74	75 – 79	80 – 84	85 +
1 - 35 DAYS	\$2.08	\$2.28	\$2.33	\$2.91	\$3.18	\$4.44	\$5.30	\$7.72	\$18.29	Contact Agency Services
1 - 64 DAYS	\$2.08	\$2.28	\$2.33	\$2.91	\$3.18	\$4.44	\$5.36	\$7.80	\$18.32	
1 - 94 DAYS	\$2.14	\$2.38	\$2.43	\$2.91	\$3.33	\$5.20	\$5.79	\$9.72	\$19.31	
1 - 124 DAYS	\$2.14	\$2.38	\$2.43	\$2.91	\$4.01	\$5.72	\$6.23	\$10.26	\$20.33	
1 - 154 DAYS	\$2.14	\$2.38	\$2.43	\$2.91	\$4.26	\$5.98	\$6.58	\$10.81	\$21.39	
1 - 183 DAYS	\$2.14	\$2.38	\$2.43	\$2.91	\$5.15	\$6.59	\$7.06	\$11.63	\$23.55	
184 + DAYS	\$2.14	\$2.38	\$2.43	\$2.91	\$6.08	\$7.80	\$8.35	\$13.44	\$27.87	

MINIMUM PREMIUM IS \$25 PER POLICY

MULTI-TRIP BASIC PLAN										
AGES	0 – 30	31 – 39	40 – 54	55 – 59	60 – 64	65 – 69	70 – 74	75 – 79	80 – 84	85 +
8 DAYS	\$55	\$61	\$62	\$79	\$71	\$99	\$118	\$172	\$406	Contact Agency Services
15 DAYS	\$97	\$107	\$109	\$138	\$122	\$170	\$203	\$296	\$701	
35 DAYS	\$121	\$133	\$137	\$172	\$185	\$259	\$309	\$450	\$1,067	
60 DAYS	\$222	\$244	\$250	\$315	\$318	\$444	\$536	\$780	\$1,832	
105 DAYS	\$400	\$445	\$454	\$551	\$701	\$1,000	\$1,090	\$1,796	\$3,558	

FOR THE SUMMARY OF COVERAGE AND ELIGIBILITY REFER TO PAGE 4.

Important notes

- Use the applicant's age on the *effective date*.
- Deductibles are found on page 31, 33 and 35.
- Surcharges may be added if applicable.
- TIC must be notified if there are any changes in the applicant's medical status after a medically underwritten coverage has been approved and prior to the *effective date*.

ADMINISTRATIVE PROCEDURES

QUICKTIC SIGN UP

To make arrangements to sell travel insurance through QuickTIC TIC's web based sales tool, you can either contact your Business Development Manager or contact Agency Services directly at 1-866-543-1109 for Québec or 1-800-465-4279 for rest of Canada. A sign-up form will be sent to you to be completed and returned to Agency Services. We will notify you once this has been processed, and arrange for training.

EXTENSIONS

Definition of an Extension

An Extension is a new policy issued after the *effective date* and before the *expiry date* of an existing TIC policy. The *effective date* of an Extension is the date immediately following the expiry of the existing policy. Each Extension is considered to be a new and separate term of coverage and is subject to all terms, exclusions and conditions of the new TIC policy.

Conditions for an Extension

For Emergency Hospital & Medical Plans

An Extension of coverage is allowed provided the following conditions are met:

- The *insured* must be covered under a TIC Emergency Hospital & Medical for Canadians Plan.
- The *insured* must apply for the Extension **before** the expiry of the existing coverage.
- The *insured's* territorial or provincial health/medical plan must be valid for the duration of the Extension.
- The maximum *period of coverage*, including the Extension period, must not exceed the maximum *period of coverage* applicable to the plan as indicated on the rating table.

You must, on behalf of the *insured*, agree to the following:

1. Confirm that no claim has been incurred or is pending as of this date under the first *period of coverage*.
2. The *insured* is in good health and knows of no reason to expect medical *treatment*.
3. The *insured* has not experienced any change in their health status or medication since their original *application date*, when medically underwritten.
4. The *insured* will continue to maintain coverage under a government health plan for the period of the Extension.

If the *insured* agrees, proceed with the Extension.

If the *insured* disagrees, DO NOT proceed with the Extension and call TIC Agency Services.

PROCEDURE FOR AN EXTENSION

Refer to your QuickTIC User Guide which is found at www.quicktic.ca.

Click on extension of coverage and you will be guided through the process.

You must agree to the conditions for an extension on behalf of your client.

Fees and Minimum Premium

- A \$10 non-commissionable extension fee applies.
- The extension fee will be added to the premium being charged for the additional days of travel. If this total is less than the minimum premium, the minimum premium will apply. The \$10 extension fee will not be added to the minimum premium.
- The system automatically calculates the applicable premium and includes the extension fee.

Visitors to Canada and International Student Plans

A new policy is to be issued. All conditions of a brand new policy apply to the new term including the *pre-existing medical condition* exclusion. When this coverage is purchased before the *expiry date* of the previous policy, the 48 hour waiting period is waived. The applicant must once again meet the Eligibility requirements outlined on pages 20 and 27.

All Other Plans

An Extension of coverage is allowed provided the following conditions are met.

- The combined maximum *period of coverage*, including the Extension, cannot exceed the maximum *period of coverage* applicable to the plan.
- The Extension must be purchased before the expiry of the existing coverage.
- All eligibility criteria shown in the policy for this plan must be met.

You must on behalf of the *insured* agree to the following.

- Confirm that no claim has been incurred or is pending as of this date under the first *period of coverage*.

ADMINISTRATIVE PROCEDURES

TOP-UPS

Minimum premium levels apply.

Definition of Top-Up

A Top-Up is additional coverage purchased before the departure date of a *trip* to increase the number of days of coverage available under an existing Multi-trip Emergency Hospital & Medical Insurance for Canadians. The *effective date* is the date immediately following the expiry of the number of days allowed under the existing policy, and coverage is subject to all terms, exclusions and conditions of the new TIC policy.

Conditions for a Top-Up

A Top-Up of coverage is allowed provided the following conditions are met.

1. The *insured* must have an existing Emergency Hospital & Medical Insurance for Canadians, covering a forthcoming *trip*.
2. The Top-Up must be applied before the departure date of the particular *trip*.
3. The *insured's* territorial or provincial plan must be valid for the duration of the period that includes the Top-Up.

The maximum *period of coverage* including the Top-Up period must not exceed the maximum *period of coverage* applicable to the plan as indicated on the rating table. When a Top-Up is issued for a non-TIC plan, the *insurer* of the existing *period of coverage* must allow a top-up by any *insurer* without condition. It is the applicant's responsibility to verify this and ensure compliance.

PROCEDURE FOR A TOP-UP

Refer to your QuickTIC User Guide which is found at www.quicktic.ca.

Issue a new policy and Confirmation of Coverage using the Top-Up period for *effective* and *expiry dates*.

Minimum Premium

The minimum premium for the plan applies.

Calculating a Top-Up

- The system automatically calculates the applicable premium.

REFUNDS

A full refund will be provided for policies which are recovered within 10 days of purchase, as described in the policy booklet section titled Right To Examine Policy.

Refer to the Premium Refunds section in the policy booklet for each specific product for details on when your client is eligible for a premium refund and what documentation is required.

Reporting Premium Refunds

- When an *insured* returns prior to the scheduled return date and requests a refund, the broker should verify the *insured* has no claim either reported, paid or pending.
- The *insured* must sign the Claims Waiver portion of the Refund Request Form.
- *Insureds* must provide proof of the date they returned to their province or territory of residence, or their *country of origin*. For example: airline ticket, itinerary or boarding pass. Visitors to Canada must provide proof of either the *effective date* of their provincial or territorial health plan or their return to their *country of origin*.

How Refunds are Processed

Refunds are processed in three ways.

1. If the premium was paid by cash or cheque, a credit memo for the refund less any administration fee and less commission owed by the broker will be sent to the broker who then issues a refund to the client.
2. If the premium was paid via credit card, TIC will credit the *insured's* credit card less any refund fee, and debit the broker for the commission. This will be reflected in your next statement/invoice.
3. Both partial and full refunds are processed online through the system. (For detailed information go to our broker website www.quicktic.ca and download the user guide).

ADMINISTRATIVE PROCEDURES

CREDIT CARDS

Your client may pay by Visa, MasterCard, American Express or Diners card.

- All manual policy purchases must be authorized. Please call the appropriate telephone number listed below and enter the merchant number shown.
- Credit card sales should be reported to TIC as soon as possible to avoid processing problems.
- Declined or unauthorized cards are your responsibility. You will be notified if a card is declined and requested to provide an alternate form of payment. Any fee associated with the credit card charge-backs are your responsibility and will automatically be debited to your account.
- To prevent charge-backs, advise your client that the purchase will appear as "Travel Insurance" on their statement within 30 to 60 days.

TELEPHONE NUMBERS		MERCHANT NUMBER
VISA	1-800-268-8241	41391805704
MASTERCARD	1-800-268-8241	41391805704
AMERICAN EXPRESS	1-800-268-9824	9324910844
DINERS	1-800-554-7608	8452035754

SUBMITTING PREMIUM PAYMENT

- Premium collected on your travel insurance sales is due upon receipt of invoice and should be paid as billed. Please contact your Premium Services Associate with any questions regarding your invoice. Adjustments including refunds and policy changes will be reflected on your next invoice.
- If you are on a manual reporting system, any premium collected on your travel insurance sales must be remitted to TIC within 15 days after the end of the month in which they are sold.
- All policies must be accounted for and reported, including void or cancelled policies.

PREMIUM REPORTING

Why we need you to submit your client applications promptly:

- Claims can occur soon after your client has purchased their travel insurance. To better assist your client, we need to be able to verify coverage as quickly as possible. To do this, we need the information in our system.
- Many of your clients purchase their coverage with a credit card. In order for your clients to better recognize the charges on their credit cards, please submit these charges for premium promptly.
- If you are not using QuickTIC, errors can occur in calculations of rate and coverage. The sooner we verify your client's application, the sooner we can ensure your client paid the right premium and has the right coverage.

KEEP TRAVEL INSURANCE 'TOP OF MIND'

To ensure your clients' physical and financial well-being is protected make travel insurance a key component of your business.

To learn more about how you can use travel insurance to generate more revenue, jump on to our pre-recorded webinar training series. These webinars can be accessed from anywhere at anytime. All you need is a computer and sound.

Topics include:

- Grow Your Business with Travel Insurance
- Emergency Hospital & Medical Insurance
- Multi-trip Plans
- Optional Plans
- Visitors to Canada
- Global Expatriate
- International Student

TIC systems and processes:

- Making Sense of Medical Underwriting
- Introduction to QuickTIC

Access in 7 Easy Steps:

1. **Log on** to www.ticnet.ca.
2. **Type in** your User name and Password (Call Agency Services if you require assistance).
3. **Locate and click on** the Learning link on the top right hand side of the home page.
4. **Click on** Pre-recorded Webinars (located on the left side).
5. **Locate and click on** the learning topic of your choice on the left side of the screen.
6. **Print off** the corresponding resources to navigate during the training.
7. **Select** 'Click here to view this learning'.

Difficulty? Call WebEx at 1-866-863-3904 if you have technical difficulty accessing the training. It may be your browser security settings.

Product Questions? If you have any questions following the training, please call Agency Services.

Let Us Know What You Think. At the end of each webinar you will be asked to complete a short participant feedback form. Please take a few minutes to complete it. This will assist us providing you with training that meets your future needs.

WWW.TICNET.CA

As a broker, you can log in to our broker site for useful information that we update continually. Your login ID is your Broker code.

- Forms, rates, and policy wordings
- Travel alerts and news about TIC
- Selling guide and procedures
- Online supply ordering
- Information on training and seminar dates
- Frequently asked questions

WWW.TRAVELINSURANCE.CA

Your clients will find useful information on our website:

- Plan details
- Online claim form
- Information on how to submit a claim
- Travel alerts and links

If you would like to be listed on our website as a selling broker, contact Agency Services at 1-866-543-1109 for Québec or 1-800-465-4279 for the rest of Canada.

CLAIMS INFORMATION

How to process a claim

The moment of truth for your client is when they need to make a claim. We care about giving your clients the best service possible. Delays in processing claims are often caused by incomplete forms and insufficient information. You can assist us to serve your clients better by explaining the claims procedures to your client.

Advise your clients of the following

Emergency Procedures:

In the event of a medical *emergency*, TIC Emergency Assistance must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%.

We are here to help. Our service is available 24 hours a day, 7 days a week. TIC Emergency Assistance also provides support and recommendations for non-medical *emergencies*, providing your clients with access to resources to help resolve any unexpected difficulties they encounter during their *trip*.

Claim forms can be:

- a) downloaded from our broker website at www.ticnet.ca or from the public website at www.travelinsurance.ca.
- b) obtained by calling the TIC claims number.
 - Direct your clients to TIC's website to initiate their claim. (www.travelinsurance.ca)
 - Complete claims procedures are located at the end of each plan description in the policy or on our websites.
 - Advise your client to carry their policy and their ID card on their *trip*. These have the important numbers to call and their policy number.
 - Hospital & Medical Expenses: Claims must be filed as soon as possible but no later than 30 days after the expenses were incurred. Failure to submit claims within 30 days may jeopardize provincial benefits.

Appeals

If your client does not agree with the claim decision, they can write to the Appeals Committee. The Appeals Committee consists of physicians and senior insurance personnel and has been set up to review files of disputed claims. In the event that their complaint is unresolved following the Appeals process, they have the option of contacting the Ombudsman Liaison Officer at the Co-operators Life Insurance Company to ask for help in resolving their concerns.

Please direct them to the Complaint Process on TIC's public website www.travelinsurance.ca.

How to reach the Claims Department

Direct your clients to the TIC website: www.travelinsurance.ca. This site contains *emergency* contact information and full contact information for all TIC Departments.

TIC Claims Department

2100 – 250 Yonge Street
Toronto, Ontario M5B 2L7

Toll Free Canada/USA: 1-800-869-6747

Collect worldwide: 416-340-8809

OUR CLAIMS AND TRAVEL ASSISTANCE SERVICES INCLUDE:

- 24/7 access to multi-lingual emergency assistance
- Assistance with lost or stolen travel documents
- Translation
- Explanation of benefits
- Coordination of payments
- Direct payment to medical facilities
- Verification of coverage to *hospital* and *physician*
- Arrangement for *emergency* medical evacuation when necessary
- Contact with the family doctor, relatives and place of work, as appropriate

TIC Travel Insurance

ABOUT TIC

At TIC, travel insurance is everything we do. We're 100% focused on helping your clients stay protected while they're away from home. Wherever they go, we're there to deliver caring, dedicated, knowledgeable, multi-lingual service and assistance in travel emergencies. With TIC, your clients can rest assured they'll receive the best service and support if they ever need it.

TIC has over 50 years' experience in the Canadian travel health insurance market. We're 100% owned by The Co-operators Life Insurance Company, which is part of The Co-operators Group Limited, one of Canada's largest, Canadian-owned, multi-product insurers.

MEETING THE NEEDS OF YOUR CLIENTS

Our dedication to service for our business partners and customers, combined with our flexible underwriting and innovative products, helps us provide outstanding protection and support for the travelling public.

