



Once completed, please send your application and your cheque payable to RSA:
1910 King Ouest, Suite 200, Sherbrooke, QC J1J 2E2

Call 1-877-762-9207; one of our representatives will be happy to assist you.

Our office hours are 8 a.m. to 8 p.m. from Monday to Friday and 9 a.m. to 5 p.m. on Saturday (ET).

For Representative Use Only

10 69 APP ECA 0816 000

Applicant 1 Policy Number:

Applicant 2 Policy Number:

Date Issued (D/M/Y):

IMPORTANT NOTICE

Important Notice About Your Personal Information: By submitting this application you agree that Royal & Sun Alliance Insurance Company of Canada ("we", "us") may collect, use and disclose your Personal Information (including to and from your broker, our affiliates and service providers and organizations that may have referred you to us, and professional associations of which you may be a member) for purposes of quoting a premium, policy administration, improving customer experience, administering referral arrangements, and for other lawful purposes described in our Protecting Customer Privacy document. For a copy of this document please see www.rsatravelinsurance.com.

A – Are you eligible?

You must meet the following criteria to be eligible for this insurance:

1. You must be a Canadian resident and be covered by the government health insurance plan (GHIP) of your Canadian province or territory of residence for the entire duration of your trip.
2. You must NOT be travelling against the advice of a physician or have been diagnosed with a *terminal illness* or *metastatic cancer*.
3. You must NOT have a kidney disease requiring dialysis.
4. You must NOT have been prescribed or used home oxygen during the 12 months prior to your date of application.

B – Definitions

Throughout the Application, defined words are written in italics. Please refer to them as they are important definitions.

1. **Terminal illness:** means that you have a medical condition that is cause for a physician to estimate that you have less than 6 months to live or for which palliative care has been received.
2. **Metastatic cancer:** means a cancer that has spread from its original site to one or more other area(s) of the body.
3. **Stable:** means any medical condition (other than a *minor ailment*) for which all the following statements are true:
 - a) There has been no new diagnosis, treatment or prescribed medication.
 - b) There has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type.
Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (provided that the dosage is not modified.)
 - c) There have been no new symptoms, more frequent symptoms or more severe symptoms.
 - d) There have been no test results showing deterioration.
 - e) There has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting results of further investigations for that medical condition.
4. **Minor ailment:** means any sickness or injury which does not require: the use of medication for a period of greater than 15 days; more than one follow up visit to a physician, hospitalization, surgical intervention or referral to a specialist; and which ends at least 30 consecutive days prior to the departure date of each trip. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

C – Pre-Existing Medical Condition Exclusions

A pre-existing medical condition exclusion may apply to medical conditions and/or symptoms that exist prior to your trip. The exclusion is as follows:

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. Any sickness, injury or medical condition (other than a *minor ailment*) that was not *stable* at any time during the 90 days prior to each departure date.
2. Your heart condition, if **any** heart condition was not *stable* at any time during the 90 days prior to each departure date.
3. Your lung condition, if:
 - a) **any** lung condition was not *stable*; or
 - b) you have been treated with home oxygen or taken oral steroids (e.g., prednisone) for **any** lung condition;
at any time during the 90 days prior to each departure date.

D – Personal Information

Applicant 1			Date of Birth (D/M/Y) ____/____/____
	First Name	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant 2			Date of Birth (D/M/Y) ____/____/____
	First Name	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address			
	Street	City	Province
	Postal Code	Telephone	E-mail
Destination Address			
	Street	City	Province / State / Country
	Postal / Zip Code	Telephone	E-mail (if different from home e-mail)
Emergency Contact			
	First Name	Last Name	Telephone
Dependents			
For Family Plans only	First Name	Last Name	Date of Birth (D/M/Y) ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female
	First Name	Last Name	Date of Birth (D/M/Y) ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female
	First Name	Last Name	Date of Birth (D/M/Y) ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female

If additional space is required, please attach an additional sheet of paper.

E – Trip Information

Check the applicable Plan you are applying for.

Applicant 1	Applicant 2
<p>PLANS</p> <p>Multi-Trip Annual <input type="checkbox"/> 4-Day <input type="checkbox"/> 9-Day <input type="checkbox"/> 16-Day <input type="checkbox"/> 30-Day</p> <p>All-Inclusive Multi-Trip Annual <input type="checkbox"/> 4-Day <input type="checkbox"/> 9-Day <input type="checkbox"/> 16-Day <input type="checkbox"/> 30-Day</p> <p><input type="checkbox"/> 40-Day PSHCP Supplemental</p> <p>Effective Date (D/M/Y): ____/____/____</p> <hr/> <p><input type="checkbox"/> Single Trip Daily Plan <input type="checkbox"/> Canada Plan</p> <p><input type="checkbox"/> Single Trip Non-Medical Plan*</p> <p>Departure Date (D/M/Y): ____/____/____ *Trip Value: \$ _____</p> <p>Expiry Date (D/M/Y): ____/____/____ Effective Date (D/M/Y): ____/____/____</p>	<p>PLANS</p> <p>Multi-Trip Annual <input type="checkbox"/> 4-Day <input type="checkbox"/> 9-Day <input type="checkbox"/> 16-Day <input type="checkbox"/> 30-Day</p> <p>All-Inclusive Multi-Trip Annual <input type="checkbox"/> 4-Day <input type="checkbox"/> 9-Day <input type="checkbox"/> 16-Day <input type="checkbox"/> 30-Day</p> <p><input type="checkbox"/> 40-Day PSHCP Supplemental</p> <p>Effective Date (D/M/Y): ____/____/____</p> <hr/> <p><input type="checkbox"/> Single Trip Daily Plan <input type="checkbox"/> Canada Plan</p> <p><input type="checkbox"/> Single Trip Non-Medical Plan*</p> <p>Departure Date (D/M/Y): ____/____/____ *Trip Value: \$ _____</p> <p>Expiry Date (D/M/Y): ____/____/____ Effective Date (D/M/Y): ____/____/____</p>
<p>TOP UPS</p> <p>Departure Date (D/M/Y): ____/____/____ Number of Pre-insured days: _____</p> <p>Top Up Effective Date** (D/M/Y): ____/____/____ Expiry/Return Date (D/M/Y): ____/____/____</p> <p>Name of the other Insurer: _____</p> <p style="font-size: x-small;">** The Top Up Effective Date will be the day after your existing coverage terminates.</p>	<p>TOP UPS</p> <p>Departure Date (D/M/Y): ____/____/____ Number of Pre-insured days: _____</p> <p>Top Up Effective Date** (D/M/Y): ____/____/____ Expiry/Return Date (D/M/Y): ____/____/____</p> <p>Name of the other Insurer: _____</p> <p style="font-size: x-small;">** The Top Up Effective Date will be the day after your existing coverage terminates.</p>

F – Premium and Payment

For manual applications, please complete the [Premium Calculation – Plans without Medical Questionnaire](#) page to determine each Applicant's total premium. For rates to top up the All-Inclusive Multi-Trip Annual Plan, contact a representative.

Total Premium	\$ Applicant 1	+	\$ Applicant 2	=	\$ TOTAL
Method of Payment	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque made payable to RSA				
Credit Card Information					
	Card Number				Expiry Date (M/Y)
	Name of Cardholder	Signature of Cardholder	Date Signed (D/M/Y)		