TRAVELSTAR® TRAVEL INSURANCE
Application

TC

INSTRUCTIONS

- If you are **60 years of age and over** and are applying for **emergency medical coverage** please fill in all sections except **C**, **F** and **J**.
- If you are **less than 60 years** of age and are applying for **emergency medical coverage** please fill in all sections except **C**, **D**, **F** and **J**.
- If you are applying for **trip cancellation and interruption coverage** please fill in all sections except **B**, **D**, **F** and **J**.
- If you would like to have an **optional medical review** of your application, **complete section F** in addition to the other applicable sections.

A. Applicant Information *(Please list dependants that will be travelling with you.)*

Applicant	First Name	Last Name	Sex	Date of Birth (DD/MM/YYYY)	Age
1			☐ M ☐ F		
2			☐ M ☐ F		
Dependants					
1			☐ M ☐ F		
2			☐ M ☐ F		
3			☐ M ☐ F		
4			☐ M ☐ F		

Address	City	Province	Postal Code

Phone ( )	Email	
		☐ *Yes, I would like to receive emails about special offers, promotions and opportunities to provide feedback about GMS products and services.*

Local Contact and Phone Number in Case of Emergency

IMPORTANT INFORMATION

- **Medical conditions which are not stable for 180 days prior to your departure will not be covered under a TravelStar Emergency Medical Policy.**
- A medical condition is stable if, during the period of time specified, you:
  1. have not received new medical treatment;
  2. have not been prescribed a new prescription drug;
  3. have not had a change in medical treatment;
  4. have not had an alteration in a prescribed drug;
  5. have not experienced a deterioration in your condition;
  6. have not experienced new, more frequent or more severe symptoms;
  7. have not had or required medical consultation to investigate symptoms that remain undiagnosed;
  8. have not required in-hospital care or a referral to a specialist, including initial follow-up visits, test or investigations related to the medical condition and pending results; and/or
  9. do not anticipate further medical treatment after departure from your province of residence.
- When purchasing a Multi-Trip Annual plan, medical conditions you experience after the effective date but prior to the departure date of any trip are subject to the stability exclusion.
- Should any changes to your health occur after the application date and prior to the effective date, GMS must be notified and the application updated. A change in your health may:
  1. affect your eligibility for coverage; or
  2. increase your required premium.

  Changes to your health that do not affect eligibility will still constitute a change in stability and may limit your available coverage.
- In the event of a medical emergency you must call GMS Travel Assistance no later than 24 hours after receiving medical treatment or being admitted to a hospital:

  Toll-free (within Canada and the USA): 1.800.459.6604
  Collect (from all other locations): 905.762.5196

  Failure to contact GMS Travel Assistance may limit your benefits.
- In the event of a claim, documentation confirming departure and return dates will be required. Examples of this documentation include airline tickets or itineraries, gas receipts, and hotel receipts.

B. Eligibility for Emergency Medical Coverage *(Please complete this section if you are applying for emergency medical coverage.)*

You ("you" refers to any person who is eligible for coverage) are not eligible to purchase emergency medical coverage if:

1. you will be 80 years of age or older on the effective date when purchasing a Multi-Trip Annual plan;
2. you have an Implantable Cardioverter Defibrillator (ICD);
3. you have ever been diagnosed with congestive heart failure (CHF);
4. you are awaiting further tests or treatment for heart disease which includes but is not limited to angina, irregular heartbeat, heart attack, ischemic heart disease, valvular heart disease, and/or myocardiopathy;
5. you require insulin to treat diabetes and also take prescription drugs for heart disease (see 4. above for heart disease description);
6. you have been diagnosed with metastatic cancer;
7. you have cancer (except breast or prostate cancer treated exclusively with hormonal therapy or basal cell carcinoma) which requires chemotherapy, radiotherapy or other medical treatment other than routine follow-up;
8. you have any vascular aneurysm that remains surgically untreated;
9. you have undiagnosed episodes of fainting or falling (syncope);
10. you take oral steroids for a lung condition;
11. you are 70 years of age or older and require assistance from another person(s) with activities of daily living (ADL) which include, but are not limited to, personal hygiene and grooming; dressing and undressing; self-feeding; functional transfers (getting into and out of bed or a wheelchair, getting onto or off of the toilet, etc.); bowel and bladder management; and/or medication management;
12. have any medical condition necessitating the use of home oxygen;
13. within 12 months prior to applying you have been diagnosed with any of the following conditions or you have any of the following conditions which have not been stable for 12 months prior to applying:
    a. Acquired Immune Deficiency Syndrome (AIDS);
    b. terminal illness (an advanced stage of a progressive disease with an unfavourable prognosis and no known cure);
    c. atrial flutter;
    d. atrial/ventricular fibrillation;
    e. peripheral vascular disease;
    f. stroke/transient ischemic attack (TIA);
    g. blood clot(s);
    h. gastrointestinal bleeding; and/or
    i. kidney/liver failure;
14. within 12 months of applying you have undergone any of the following procedures;
    a. kidney dialysis; b. valve surgery or replacement; and/or c. organ, stem cell and/or bone marrow transplant;
15. you are not a Canadian resident with valid provincial health coverage for the entire duration of your trip;
16. you are purchasing after your departure or outside of your province of residence, unless purchased as a top-up to an existing GMS policy; or
17. your total trip length exceeds the total number of days allowable under your government health plan.

	Applicant 1	Applicant 2
I hereby warrant that I AM eligible to purchase emergency medical coverage	☐ Yes ☐ No	☐ Yes ☐ No
I hereby warrant that my dependants are eligible to be covered under my emergency medical coverage based on the above questions.	☐ Yes ☐ No	

C. Eligibility for Trip Cancellation & Interruption Coverage *(Please complete this section if you are applying for trip cancellation & interruption coverage.)*

You ("you" refers to any person who is eligible for coverage) are not eligible to purchase trip cancellation and interruption coverage if:

1. you are not a Canadian resident;
2. you purchased the plan after your departure date;
3. you did not purchase through a travel supplier or arranged through a licensed travel agent;
4. your trip destination is deemed a country to avoid non-essential travel or avoid all travel as identified in Foreign Affairs and International Trade Canada; and
5. if your trip is valued at $12,000 per person or greater you do not meet the Eligibility for emergency medical coverage (section B.) as well.

Trips booked under a Multi-Trip Annual plan must start and end after the effective date and prior to the expiry date of the plan and must meet eligibility conditions 2 through 5 to be eligible for coverage under the plan.

	Applicant 1	Applicant 2
I hereby warrant that I AM eligible to purchase trip cancellation and interruption coverage	☐ Yes ☐ No	☐ Yes ☐ No
I hereby warrant that my dependants are eligible to be covered under my trip cancellation and interruption coverage based on the above questions.	☐ Yes ☐ No	

D. Medical Questionnaire *(Please complete all questions in this section if you are 60 years of age and over applying for emergency medical coverage.)*

1. Have you or your co-applicant ever suffered from, been diagnosed with, received treatment for, or been prescribed drugs for any of the following medical conditions or undergone any of the following medical procedures:

Conditions and Procedures	Applicant 1	Applicant 2
a) Heart/Cardiovascular Disease or Condition, Heart Attack, Angina, Irregular Heartbeat, Heart Surgery, Coronary Angioplasty, Stenting, Bypass, Valve Replacement or Valve Surgery	☐ Yes ☐ No	☐ Yes ☐ No
b) Stroke/TIA, Blood Clots, Aneurysm, Peripheral Vascular Disease, Carotid Stenosis	☐ Yes ☐ No	☐ Yes ☐ No
c) Chronic Lung Disease (e.g. Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Persistent Asthma)	☐ Yes ☐ No	☐ Yes ☐ No
d) Bone Marrow or Organ Transplant	☐ Yes ☐ No	☐ Yes ☐ No
e) HIV	☐ Yes ☐ No	☐ Yes ☐ No

2. In the past two years have you or your co-applicant suffered from, been diagnosed with, received treatment for or been prescribed drugs for any of the following medical conditions:

a) Cancer (Excluding Basal Cell Carcinoma)	☐ Yes ☐ No	☐ Yes ☐ No
b) Diabetes	☐ Yes ☐ No	☐ Yes ☐ No
c) Pancreatitis	☐ Yes ☐ No	☐ Yes ☐ No
d) Chronic Kidney Disease, Liver Disease, Gastrointestinal Disorders—including but not limited to Ulcers, GI Bleed, Bowel Obstruction, Hepatitis, Crohn's Disease, Colitis or Diverticular Disease	☐ Yes ☐ No	☐ Yes ☐ No
e) Epilepsy or Seizures	☐ Yes ☐ No	☐ Yes ☐ No
f) Hospitalized as a result of a fall	☐ Yes ☐ No	☐ Yes ☐ No
g) M.S., Lou Gehrig's Disease, Parkinson's Disease, Dementia or Alzheimer's	☐ Yes ☐ No	☐ Yes ☐ No
3. Has it been more than 30 months since your last checkup with a physician?	☐ Yes ☐ No	☐ Yes ☐ No

YES responses described below determine rate categories. If you are age 60 or older, your rate for emergency medical coverage is based on your rate category in combination with your age. Please refer to the rate table in the TravelStar brochure effective September 1, 2017. View the brochure online at www.gms.ca.

Standard Rate	**YES** to **ONE** or **MORE** of **1a, 1c, 1d, 1e, 2d,** or **2e** **YES** to **1b** and **ONE** or **MORE** of **any question in 1, 2, or 3** **YES** to **2b** and/or **2f** and **ONE** or **MORE** of **any question in 1, 2, or 3**
Standard+ Rate	**YES** to **ONE** of **1b, 2b,** or **2f;** or **BOTH 2b** and **2f**
Select Rate	**YES** to **TWO** or **MORE** of **2a, 2c, 2g,** and **3**
Select+ Rate	**YES** to **ONE** of **2a, 2c, 2g,** or **3**
Star Rate	**NO** to **ALL** questions in **1, 2** and **3**

E. Tobacco Use

Have you used tobacco in the last 24 months? *Applicants who have used tobacco or tobacco products in the last 24 months, including dependants over 16 years of age, an additional 15% will be applied to the established rate category.*

Applicant 1	Applicant 2	Dependant 1	Dependant 2	Dependant 3	Dependant 4
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

F. Optional Medical Review *(for Single-Trip Emergency Medical plans only)*

Applicants may request a review of their medical information.
If you are concerned about your coverage due to your specific medical condition(s), GMS can pre-screen your application. List all medical conditions and/or symptoms you have been diagnosed with, suffered from and/or have been treated for in the last 24 months, including any further treatment or investigation which is pending. Include the original date diagnosed, treatment and any changes in the conditions or symptoms. GMS will review the application and contact the applicant directly.

Applicant #	Condition or Procedure, Date Diagnosed or Performed *(DD/MM/YYYY)*	List of Prescribed Drugs	Date of Initial Prescription *(DD/MM/YYYY)*	Date of Most Recent Change *(DD/MM/YYYY)*

G. Coverage Selection & Rate Calculation *(Please refer to the TravelStar Rate Schedule which can be found at www.gms.ca for applicable rates.)*

Trip Information *(required for a Single-Trip Emergency Medical plan or a Single-Trip Trip Cancellation & Interruption plan)*

Departure Date *(DD/MM/YYYY)*	Return Date *(DD/MM/YYYY)*	Total Trip Length *(the total number of days for your trip including Departure and Return Dates)*

Primary Destination *(the location where you spend the most of your time)*	Booking Date *(DD/MM/YYYY)*	Effective Date[1] *(DD/MM/YYYY)*

If topping-up what is your existing coverage? ☐ 15 days ☐ 30 days ☐ 48 days ☐ 63 days ☐ Other *(please list)* _____

1- If purchasing a top-up to existing insurance, the Effective Date will be the day immediately following your existing coverage's termination. Premium is based on the daily rate for the total trip length.

I. Emergency Medical Coverage (EM) For Applicants age 60 and over, indicate the Rate Category that applies to the EM plan being purchased: Applicant 1 Rate Category ○ Star ○ Select + ○ Select ○ Standard + ○ Standard Applicant 2 Rate Category ● Star ● Select + ● Select ● Standard + ● Standard	**Applicant 1** No. of days x daily rate *(based on total trip length)*	**Applicant 2** No. of days x daily rate *(based on total trip length)*	**Dependant(s)** No. of Dep. x daily rate x No. of days
☐ Single-Trip plan *(six dependants under age 16 qualify to travel with you free of charge)* ☐ Top-Up Insurance Number of days being purchased: Applicant 1 _____ Applicant 2 _____ Dependant 1 _____ 2 _____ 3 _____ 4 _____ Deductible *(select one - applies to all insured persons)* ● $0 *(x rate by 1.1)* ● $250 ● $1,000 *(x rate by .9)* ● $5,000 *(x rate by .8)* *The $0 deductible is not available for trips over 180 days.*	$	$	$
☐ Multi-Trip Annual plan — ● 30 Day ● 15 Day — Effective Date of Annual plan *(DD/MM/YYYY)*	$	$	$
(If you are 16 or older and have used tobacco or tobacco products in the last 24 months add 15%) TOBACCO SURCHARGE	$	$	$
(Saskatchewan residents 6%) PST	$	$	$
TOTAL I.	$ 0.00	$ 0.00	$ 0.00

II. Trip Cancellation & Interruption Coverage (TCI) *(all plans include $10,000 of coverage for trip interruption)*				
☐ Single-Trip *(Sum Insured may be different for each applicant)*	Sum Insured Per Traveller Applicant 1 _____ Applicant 2_____ Dependent(s) _____	$	$	$
☐ Multi-Trip Annual *(Sum Insured must be the same for all applicants)*	Sum Insured ☐ $1,500 ☐ $2,500 ☐ $5,000	$	$	$
(If you are purchasing with emergency medical coverage, reduce TCI premium by 10%) BUNDLE DISCOUNT		$ ( )	$ ( )	$ ( )
(Ontario and Manitoba residents 8%, Newfoundland & Labrador residents 15%) RST | *(Saskatchewan residents 6%)* PST		$	$	$
TOTAL II.		$ 0.00	$ 0.00	$ 0.00

III. Additional Coverage & Coverage Enhancements *(Multi-Trip Annual options require the purchase of a Multi-Trip Annual plan)*					
☐ Baggage Loss, Damage & Delay[2] *($1,500 coverage)*	● Single-Trip **$45**	● Multi-Trip Annual **$105**	$	$	$
☐ Trip Delay Upgrade[3]	● Single-Trip **$23**	● Multi-Trip Annual **$56**	$	$	$
☐ Increased Per-Item Baggage Limit[4]	● Single-Trip **$23**	● Multi-Trip Annual **$56**			
	Description of Item:		$	$	$
☐ Sports Equipment[4]	● Single-Trip **$28**	● Multi-Trip Annual **$68**			
	Description of Item:		$	$	$
☐ Computer Equipment[4]	● Single-Trip **$28**	● Multi-Trip Annual **$68**			
	Description of Item:		$	$	$
(Ontario and Manitoba residents 8%, Newfoundland & Labrador residents 15%) RST | *(Saskatchewan residents 6%)* PST			$	$	$
TOTAL III.			$ 0.00	$ 0.00	$ 0.00
(TOTAL I. + TOTAL II. + TOTAL III.) **Premium TOTAL**			$ 0	$ 0	$ 0

2 - can only be added to TCI or EM Coverage 3 - can only be added to TCI coverage 4 - can only be added to Baggage Loss, Damage & Delay

H. Payment Options

Payment Amount *(Premium Total for Applicant 1 + Applicant 2 + Dependant(s) from section G.)*	Payment Method
0.00	☐ Cash ☐ Cheque ☐ Visa ☐ MasterCard

Credit Card Number	Security Code	Expiry Date *(MM/YY)*	Signature of Cardholder
			X

Coverage will be effective upon GMS' approval of the application and receipt of the appropriate premium.

I. Applicant Declaration

I/We ("I") declare the statements made herein are true and complete and shall form part of my application for coverage. I hereby authorize any physician, health care provider, other person, hospital or institution to release to Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers (collectively "GMS") any information concerning my medical history, symptoms, treatment, examination, diagnosis and/or services rendered to myself or any of my dependants herein listed.

I agree to notify GMS and update my application should any changes in health occur after the application date and prior to the effective date of coverage. I understand that a change in health may affect eligibility for coverage or increase required premium. I understand that changes to health that do not affect eligibility will still constitute a change in stability and may limit available coverage. I further understand that all medical conditions which are not stable for 180 days prior to my departure will not be covered under this policy.

For the purposes of administering any GMS benefits, products or services (collectively "benefits") and/or determining eligibility for benefits, I authorize GMS to: (a) collect, store and use any personal information which I have provided to GMS or personal information obtained pursuant to clause (b); and/or (b) obtain personal information about me (or any other person listed herein) from, or disclose such personal information to: my Government Health Insurance plan; the operator of any hospital, clinic, or other health facility; a doctor or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required for the purposes described above. I acknowledge that GMS privacy policy applies to this policy and is available to me at www.gms.ca.

I understand that, whether before or after my application, any misrepresentation, incorrect or concealed information or failure to fully complete all sections of the application may void my coverage. I declare that, if I am signing on behalf of any person(s), I have the authority to sign on behalf of such person(s) listed herein and confirm that each of the above declarations and authorizations are also provided on behalf of such person(s).

Signature of all Applicants and Dependants 18 years of age and older

Applicant 1 Signature X	Date *(DD/MM/YYYY)*
Applicant 2 Signature X	Date *(DD/MM/YYYY)*
Dependant 1 Signature X	Date *(DD/MM/YYYY)*
Dependant 2 Signature X	Date *(DD/MM/YYYY)*

Products not offered in Quebec and New Brunswick.

J. For Broker or Agent Use Only

The undersigned hereby confirms that appropriate disclosure, as set out in the Canadian Council of Insurance Regulators: Advisor Disclosure document, has been made to the client regarding: (a) the company or companies represented; (b) that a commission is received for sale of this insurance product; (c) that additional compensation may be received in the form of bonuses; (d) any conflict of interest with respect to this transaction.

Agent Signature X _____

Agent #1 _____ Agent #2 _____ Split A1% / A2% For Office Use: Effective Date: DD/MM/YYYY GMS ID: _____