

Policy Extension

Application Form



TRAVELANCE
YOUR PEACE OF MIND, OUR PROMISE

Section A: Policy Details

Policy Number: _____ Number of People Insured on the Policy _____

Is the extension request for everyone insured on this policy? ☐ Yes ☐ No. If 'No', write the name(s) of the insured person(s) requesting the extension: _____

Original Return Date: (dd-mmm-yyyy) __ / __ / ____ New Return Date: (dd-mmm-yyyy) __ / __ / ____

Section B: Payment Information

☐ I grant Travelance and/or its underwriter, permission to charge the credit card used to pay for the original policy for the purpose of paying the additional premium required to extend this policy.

**If the credit card number is no longer on file, a Travelance representative will contact the insured to collect a credit card number to complete this transaction.*

Section C: Terms of the Policy Extension

This policy will only be extended if:

1. The insured(s) has/have not incurred a claim under this policy
2. The insured(s) agree that expenses related to medical conditions present on the date of application for an extension will not be covered by this policy
3. Coverage under this policy is in force at the time the request for an extension is received
4. The insured(s) pay any additional required premium for such extension
5. The extension period applied for, plus the original policy period do not exceed the maximum number of days allowable for the selected plan

Initials _____

Section D: Consent

I _____ (person requesting the policy extension) am the ☐ Insured/Purchaser or ☐ Agent/Representative of the policy above and hereby request its extension. If I am the Agent/Representative of the policy, I confirm the insured(s) has/have requested I submit this policy extension request on their behalf.

I confirm this is the only extension application for this policy and no one under this policy requesting an extension has experienced changes to any pre-existing condition(s) since the original start date of this policy.

To the best of my knowledge, a claim has not been submitted as of today (dd-mmm-yyyy) __ / __ / ____ under the above policy. I understand all terms and conditions of the original policy will continue to apply until the expiry date of the policy.

By typing my name below, I certify that the information contained in this document is complete, accurate, and factual.

Your Name: _____ Date: (dd-mmm-yyyy) __ / __ / ____

Note: Submitting the completed 'Policy Extension Application Form' does not guarantee extension of the policy. Once reviewed, a Travelance Support Services representative will contact you to confirm the status of the application and if required, collect credit card information for processing.

Submit the completed document by email to info@travelance.ca or by fax to 1-888-882-3004 Attention to Support Services.

www.travelance.ca | info@travelance.ca | 1-855-566-8555

Marketed and Distributed by Travelance Inc. | 45 O'Connor St., Suite 1150 Ottawa, ON, K1P 1A4 | Fax: 1-888-882-3004

Underwritten by Old Republic Insurance Company of Canada. In Quebec, certain coverages underwritten by Reliable Life Insurance Company.