



TRAVEL & HEALTHCARE SOLUTIONS



Comprehensive Medical Insurance for Visitors to Canada

:: Medi-Select Advantage[®] /Emergency Medical Insurance

:: Summary of Benefits

Here is a list of just a few of the plan benefits:

- **Hospital Accommodation:** up to 60 days per sickness per injury / semi private room / outpatient consultations
- **Physician Charges:** medical treatment by a physician / up to three visits per sickness or injury for outpatients and up to two visits following hospital discharge
- **Private Duty Nursing:** up to the sum insured
- **Paramedical Services:** physiotherapist, chiropractor, osteopath, chiropodist and podiatrist up to \$500 per profession
- **Diagnostic Services:** laboratory tests and X-rays
- **Medical Appliances:** crutches, casts, splints, canes, etc.
- **Prescription Drugs:** up to \$500 and limited to a 30 day supply per medication
- **Ambulances and Emergency Air Transportation:** when medically necessary
- **Treatment of Dental Accidents:** up to \$3,000
- **Preparation & Return of Remains:** up to \$10,000



:: Flexible Plans, Unbeatable Options

- Family or single coverage
- Choice of policy maximum based on your needs: \$15,000 / \$25,000 / \$50,000 / \$100,000 or \$150,000
- Coverage for up to 365 days (180 days for applicants age 60 to 85)
- Coverage for temporary visits to other countries excluding the country of origin
- Coverage extensions available
- Low deductible of \$50, per insured person, per covered trip
- \$0 deductible option available

All benefit limits are in Canadian currency.

.: Eligibility

To be eligible for coverage you must:

- Be visitor to Canada, a person with a work visa, an immigrant to Canada or a Canadian resident, who is not eligible for a provincial or territorial government health insurance plan in Canada;
- Be at least 15 days of age and less than 86 years of age;
- Not be travelling against the advice of a physician and/or have been diagnosed with a terminal illness;
- Not have a kidney disease requiring dialysis;
- Not be experiencing new or undiagnosed symptoms.
- Coverage may be purchased prior to your arrival in Canada or within 30 days thereof.
- If you have been in Canada for more than 30 days, you may purchase insurance if you qualify, by answering a short eligibility questionnaire.
- Your spouse or child(ren) must also meet all of the above criteria to be eligible for coverage.

Administered by:



This brochure is intended for promotional purposes and is not an insurance policy. It is not an offer of insurance. It contains some information about coverages offered by Royal & Sun Alliance Insurance Company of Canada but it does not list all of the conditions and exclusions that apply to the described coverages. The actual wording of the policy governs all situations. The products and rates described are subject to change without notice at any time.

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Global Excel Assistance on Call Around the World, Day or Night



When it comes to an emergency, time is a critical factor. Global Excel's toll free number is the solution. Each caller is connected with a courteous and professional case coordinator who will answer questions and assist in obtaining medical care day or night, year round.

- Benefit information
- Urgent Message relay
- Claims information
- Personalized service
- Fewer forms to fill out
- Medical assistance
- Interpretation service
- Direct billing instructions
- Fast payment of claims
- Quick answers to questions

Global Excel is here for you
24 hours a day, 7 days a week!

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ELIGIBILITY

1. You must be a visitor to Canada, a person with a work visa, an immigrant to Canada or a Canadian resident, who is not eligible for a provincial or territorial government health insurance plan in Canada.
2. You must be at least 15 days of age and less than 86 year of age.
3. You must **NOT** be travelling against the advice of a physician and/or have been diagnosed with a terminal illness.
4. You must **NOT** have a kidney disease requiring dialysis.
5. You must **NOT** be experiencing new or undiagnosed symptoms.
6. This insurance may be purchased prior to your arrival in Canada or within 30 days thereof. However, if you have been in Canada for more than 30 days, you may purchase this insurance if you can answer **NO** to both Eligibility Questions below.
7. Your spouse or child(ren) must also meet all the above criteria to be eligible for coverage under this plan.

ELIGIBILITY QUESTIONS

	You	Spouse	Child(ren)
1. Have you seen a doctor for a condition other than a <u>minor ailment</u> since you arrived in Canada?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
2. Do you have a reason to seek medical attention at this time?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

If you, your spouse or child(ren) have seen a doctor for a condition that is a minor ailment according to the definition below, you may answer NO to question #1 in the Eligibility Questions Section.

DEFINITIONS

Child(ren) means a dependent and unmarried child of the insured or his/her spouse, who is at least 15 days old and under 22 years of age on the date of application, or is over 21 years of age and has a permanent physical impairment or a permanent mental deficiency on the date of application and who is dependent on you for support.

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 application for this insurance.

Spouse means the person to whom you are legally married or with whom you have been residing for at least the last 12 months.

If you, your spouse or child(ren) have answered **YES** to any one of the questions above, that individual is **NOT ELIGIBLE** for this insurance.

I fully understand that if any of my answers are incorrect, in the event of a claim, the Insurer will declare my policy null and void, and my claim will be refused.

Applicant's Signature: _____

Date: D/M/Y _____

LAST NAME Applicant (please print)	FIRST NAME	SEX	Date of Birth (D/M/Y)
1. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Spouse and Child(ren) (please print) — For additional insureds, attach a separate page.			
2. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
3. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
4. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
5. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Address in Canada:

City and Province: _____ Postal Code: _____ Email: _____

Telephone: _____ Country of Origin: _____

Application Date: D/M/Y _____ Date of Entry into Canada: D/M/Y _____

Effective Date: D/M/Y _____ Expiry Date: D/M/Y _____ Number of Coverage Days: _____

Time of Application: _____: _____ a.m. p.m. **For renewals only — Previous Policy Number:** _____

Cash Cheque

AMEX DINERS Credit Card Number: _____

VISA MasterCard

Signature: _____ Expiry Date: _____ / _____

Contact Person in Canada: Name: _____ Phone Number: _____

Address: _____

SUM INSURED	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000
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NUMBER OF DAYS	DAILY RATE	ADD 5% FOR \$0 DEDUCTIBLE (if applicable)	TOTAL PREMIUM DUE Minimum Premium \$20
	Single	Family	

I understand that this coverage excludes any loss as a result of sickness or symptoms which manifested or were contracted or treated within the first 48 hours following the effective date, if this policy is purchased after arrival in Canada. I understand that this policy has an exclusion for pre-existing sickness, injury, heart, lung and other medical conditions.

APPLICANT'S SIGNATURE _____

DATE (D/M/Y) _____

RATES

Age	Sum Insured (Daily Rate)				
	\$15,000	\$25,000	\$50,000	\$100,000	\$150,000
Family 0-59	N/A	\$6.60	\$7.43	\$10.73	\$14.03
Individual					
0-40	\$1.91	\$2.20	\$2.53	\$3.25	\$3.96
41-59	\$2.30	\$2.64	\$2.97	\$4.29	\$5.61
60-69	\$3.76	\$4.40	\$5.39	\$7.58	\$9.77
70-85	\$4.99	\$5.72	\$6.93	\$9.78	\$12.63

Deductible: \$50 deductible per insured, per policy (add 5% to total premium for \$0 deductible)

Minimum premium: \$20

Family Plan: Applies to the applicant, spouse and child(ren). Coverage dates must be the same for all family members.

Age: Based on your age as of the application date.

The maximum period of coverage under this plan, including any extension(s), is 365 days for persons up to age 59 inclusively or 180 days for persons age 60 to 85 inclusively.

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