

Application

Travel Choice 1 Travel Insurance



Call 1-866-943-5997, one of our representatives will be happy to assist you with the application by telephone.
Our office hours are 8:30 a.m. to 8:00 p.m. Monday to Friday, and 9:00 a.m. to 5:00 p.m. on Saturday (ET)

You can also apply online at www.carpinsurance.ca - No admin fee when you purchase online!

INSTRUCTIONS

1. **If you are 55 years of age or over and applying for an Emergency Medical Plan** you must complete the Medical Declaration in STEP 1 by checking either Yes or No to ALL questions to determine which plan type you qualify for. If your trip is less than 15 days, you can purchase the Non-Underwritten Plan. Please refer to the Eligibility Section below. **All other applicants** refer to the Eligibility Section below. If eligible, review the Stability Requirement Section on page 4 then complete STEP 2 through STEP 5.
2. The application and the Medical Declaration (if applicable) must be completed prior to the effective date of insurance.
3. If your health changes or does not remain stable² between the date the Medical Declaration was completed and submitted (if applicable) and the effective date, you must review the medical questions on the Medical Declaration with a sales agent at The McLennan Group Life Insurance Inc. (TMG herein) to re-assess eligibility. **If you are no longer eligible for the insurance plan purchased and fail to contact TMG, your claim will be denied, the Insurer will void your policy, and the premium paid will be refunded. This means no benefits will be covered and you will be responsible for all expenses relating to your sickness or injury, including repatriation costs.**
4. If purchasing a Multi-Trip Annual Plan and there is a change in your health status or your medical condition(s) does/do not remain stable² after you purchase this insurance, you may not be eligible for benefits under this policy if you submit a claim for that condition.

PLAN INFORMATION

1. **Single Trip Daily Plan:** Provides coverage for a single trip while travelling outside your province or territory of residence for the entire duration of your trip.
2. **Multi-Trip Annual Plan:** Provides coverage for any number of trips up to the option you selected. Offers unlimited number of days for travel within Canada (excluding your province or territory of residence). Trips must be separated by a return to your province, territory of residence or Canada.
3. **Canada Plan:** Provides coverage for a single trip while travelling outside your province or territory of residence **but within Canada** for the entire duration of your trip. You can benefit from great rates with a \$0 deductible. Please refer to the rate sheet for details.
4. **Non-Underwritten Plan:** Provides coverage for a single trip while traveling outside your province or territory of residence, up to 15 days. Available for applicants age 55 or over.
5. **40-day Supplemental Multi-Trip Annual Plan for the Public Service Health Care Plan (PSHCP) members:** Increase your coverage from \$500,000 to \$5 million CAD and be covered for Trip Cancellation, Interruption and Delay benefits up to \$4,000 CAD. Also be covered for benefits not offered by the PSHCP, such as Vehicle Return or Emergency Relief of Dental Pain from the first dollar. No Medical Questionnaire is required. See your policy for the full pre-existing condition exclusion.

DEFINITIONS

Please refer to the following definitions for words where notations 1 through 5 appear on this Application.

1. **Treatment/Treated** means any medical, therapeutic or diagnostic procedure prescribed or performed or recommended by a physician including but not limited to hospitalization, prescribed medication (including prescribed as needed), investigative testing and/or surgery or other treatment directly related to any sickness, injury or symptom.
2. **Stable** means any medical condition (other than a minor ailment³) for which:
 - a) there has been no new diagnosis or treatment¹; and/or
 - b) there has been no change in treatment¹ or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment¹ 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); and/or
 - c) there have been no new symptoms, more frequent symptoms or more severe symptoms; and/or
 - d) there have been no test results showing deterioration; and/or
 - e) there has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting the results of further investigations for that medical condition.
3. **Minor Ailment** means a sickness or injury which does not require the use of medication for a period greater than 14 days, more than one follow-up visit to a physician, hospitalization, referral to a specialist, or surgical intervention and which ends at least 30 days prior to your departure date. However, a chronic condition or any complications thereof or a condition which require continuous and ongoing medical attention is not considered a minor ailment³.
4. **Covered Trip** means the travel arrangements which you have contracted and paid in advance of departure and for which an insurance premium has been paid in full to cover the total non-refundable amount of such travel arrangements.
5. **Supplier of Travel Services** means a travel agent, a tour operator, a travel wholesaler, an airline, a cruise line, a provider of ground transportation, a provider of travel accommodations, who is legally authorized and licensed to sell travel services to the general public.

ELIGIBILITY

1. All applicants must meet the following conditions to be eligible for this insurance:
 - a) The applicant must be a Canadian resident and be covered by the government health insurance plan of their Canadian province or territory of residence for the entire duration of their trip.
 - b) The applicant must NOT be travelling against the advice of a physician or have been diagnosed with a terminal illness or metastatic cancer. A “terminal illness” means that the applicant has a medical condition that is cause for a physician to estimate that he/she has less than six months to live or for which palliative care has been received.
 - c) The applicant must NOT have a kidney disease requiring dialysis.
2. If the applicant is applying for the **Non-Underwritten Plan** the following eligibility conditions also apply:
 - a) The applicant must NOT have been prescribed or have used home oxygen during the 12 months prior to his departure date.
 - b) The applicant must NEVER have been diagnosed with AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus).
3. If the applicant is applying for the **Non-Medical Package** the following eligibility conditions also apply:
 - a) The applicant must be travelling on a covered trip⁴ of 365 days or less.
 - b) This insurance must be:
 - i. issued in Canada for travel arrangements booked through a supplier of travel services⁵ and for the entire duration of the covered trip⁴;
 - ii. issued for the total amount of the non-refundable portion of the covered trip⁴;
 - iii. purchased within 7 days of the initial deposit for your covered trip¹ or prior to any cancellation penalties being applicable to you for the covered trip⁴; and
 - iv. purchased prior to the contracted date of departure.
 - c) It is a condition precedent to the Insurer's liability under this policy that at the time of application:
 - i. The applicant knows of no reason for him/her, an immediate family member, a travel companion, or a travel companion's immediate family member, to seek medical attention;
 - ii. The applicant and his/her travel companion(s) must be deemed fit to undertake and complete the covered trip⁴ as booked.

If the value of your covered trip⁴ exceeds \$20,000, prior approval from TMG is required.

Note: If this insurance is purchased in any other manner than as stated in this Section, this policy shall be null and void and the Insurer's sole liability will be limited to the refund of this insurance premium paid.

STEP 1 — MEDICAL DECLARATION (for applicants age 55 or over)							
Part 1 – Medical Eligibility Requirements – Can I Purchase?			Applicant 1		Applicant 2		
1.	Are you travelling against the advice of a physician or have you been diagnosed with a terminal illness or metastatic cancer? Terminal illness means that you have a medical condition for which a physician has estimated that you have less than 6 months to live or for which palliative care has been received.			YES	NO	YES	NO
2.	Do you have a kidney disease requiring dialysis?			YES	NO	YES	NO
3.	During the 12 months prior to your departure date, have you been prescribed or used home oxygen?			YES	NO	YES	NO
4.	Have you ever been diagnosed with AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus)?			YES	NO	YES	NO
5.	Have you ever had an organ or bone marrow transplant (excluding corneal transplant)?			YES	NO	YES	NO
IMPORTANT: If you have answered YES to ANY of the questions in Part 1, you are not eligible to purchase this insurance.							
Part 2 – Plan Eligibility Requirements – What can I Purchase?			Applicant 1		Applicant 2		
6.	During the 24 months prior to your departure date, have you:						
	a) been diagnosed with or treated ¹ for heart failure?			YES	NO	YES	NO
	b) been prescribed or taken Lasix or furosemide for any reason?			YES	NO	YES	NO
7.	During the 12 months prior to your departure date, have you:						
	a) been diagnosed with or been hospitalized for a new heart condition, or had an existing heart condition which required hospitalization or a change in medication (refer to 2b of the Stable definition)?			YES	NO	YES	NO
	b) had a lung condition (including pneumonia) which required hospitalization or treatment with Prednisone, (Deltasone or other generics)?			YES	NO	YES	NO
	c) had a diagnosis of or been treated ¹ for a total of 3 or more of the following medical conditions:						
	<ul style="list-style-type: none"> • high blood pressure • stroke/cerebrovascular accident (CVA)/mini-stroke/transient ischemic attack (TIA) • heart condition (including a pacemaker) • diabetes (excluding diet controlled diabetes) • dementia/Alzheimer's disease • narrowing or blockage of any artery or peripheral vascular disease • lung condition (including any prescription for puffers/inhalers) excluding a minor ailment³ 			YES	NO	YES	NO
If you have answered YES to ANY of the questions in Part 2, you will require coverage other than this Insurance. Call 1-866-943-5997 toll free to discuss alternative coverage options.							
If you answered NO to ALL of the questions in Part 2, please continue with Part 3.							

PLAN QUALIFICATION REQUIREMENTS - What Rate Category Do I Qualify For?							
Part 3			Applicant 1		Applicant 2		
8.	Have you had a heart bypass, angioplasty or heart valve surgery more than 10 years prior to your departure date? (Use the date of your most recent bypass, angioplasty or heart valve surgery.)			YES	NO	YES	NO
9.	During the 12 months prior to your departure date, have you been prescribed or taken 5 or more medications for any one or combination of the following medical conditions: <ul style="list-style-type: none"> • high blood pressure • stroke/cerebrovascular accident (CVA)/mini-stroke/transient ischemic attack (TIA) • heart condition (including a pacemaker) • diabetes (treated with oral medication or insulin) • lung condition (including any prescription for puffers/inhalers) excluding a minor ailment³ 			YES	NO	YES	NO
If you have answered YES to ANY of the questions in PART 3, you qualify for Rate Category 1 . If you answered NO to ALL of the questions in PART 3, you must answer the questions in PART 4.							
Part 4			Applicant 1		Applicant 2		
10.	Have you been diagnosed with or treated ¹ for a heart condition (including a pacemaker) during the 10 years prior to your departure date?			YES	NO	YES	NO
11.	Have you been diagnosed with or treated ¹ for any of the following medical conditions during the 5 years prior to your departure date:						
	a) lung condition (including any prescription for puffers/inhalers) excluding a minor ailment ³ ?			YES	NO	YES	NO
	b) stroke/cerebrovascular accident (CVA)/mini-stroke/transient ischemic attack (TIA)?			YES	NO	YES	NO
	c) diabetes (treated with oral medication or insulin)?			YES	NO	YES	NO
	d) narrowing or blockage of any artery or peripheral vascular disease?			YES	NO	YES	NO
	e) dementia/Alzheimer's disease?			YES	NO	YES	NO
	f) high blood pressure in addition to one or more of the following conditions: <ul style="list-style-type: none"> • heart condition • lung condition • stroke/cerebrovascular accident (CVA)/mini-stroke/transient ischemic attack (TIA)? 			YES	NO	YES	NO
If you have answered YES to two or more questions in PART 4, you qualify for Rate Category 1 . If you have answered YES to any one question in PART 4, you qualify for Rate Category 2 . If you answered NO to ALL questions in PART 4, you must answer the questions in PART 5.							
Part 5			Applicant 1		Applicant 2		
12.	During the 12 months prior to your departure date, have you been diagnosed with or treated ¹ for cancer (excluding basal or squamous cell skin cancer or breast cancer treated only with Tamoxifen, Femara or Arimidex)?			YES	NO	YES	NO
If you have answered YES to the question in PART 5, you qualify for Rate Category 2 . If you answered NO to the question in PART 5, you must answer the questions in PART 6.							
Part 6			Applicant 1		Applicant 2		
13.	During the 5 years prior to your departure date, have you been diagnosed with or treated ¹ for any of the following medical conditions:						
	a) pancreatic disorder?			YES	NO	YES	NO
	b) chronic bowel disease (such as, but not limited to: Crohn's disease, ulcerative colitis)?			YES	NO	YES	NO
	c) bowel obstruction or bowel surgery?			YES	NO	YES	NO
	d) gastrointestinal bleeding?			YES	NO	YES	NO
	e) kidney disease (including stones)?			YES	NO	YES	NO
	f) gallbladder disease (including stones)? (if your gallbladder has been removed, answer NO)			YES	NO	YES	NO
	g) liver disease?			YES	NO	YES	NO
	h) aneurysm?			YES	NO	YES	NO
	i) cancer (excluding basal or squamous cell skin cancer or breast cancer treated only with Tamoxifen, Femara or Arimidex)?			YES	NO	YES	NO
If you have answered YES to ANY of the questions in Part 6, you qualify for Rate Category 3 . If you answered NO to ALL of the questions in Part 6, you must answer the questions in Part 7.							

Part 7			Applicant 1		Applicant 2	
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14.	Have you ever been diagnosed with or treated ¹ for any of the following medical conditions:				
	a) heart condition (including a pacemaker)?	YES	NO	YES	NO
	b) lung condition (including any prescription for puffers/inhalers) excluding a minor ailment ³ ?	YES	NO	YES	NO
	c) stroke/cerebrovascular accident (CVA)/mini-stroke/transient ischemic attack (TIA)?	YES	NO	YES	NO
	d) diabetes (treated with oral medication or insulin)?	YES	NO	YES	NO
	e) narrowing or blockage of any artery or peripheral vascular disease?	YES	NO	YES	NO
	f) dementia/Alzheimer's disease?	YES	NO	YES	NO
	g) high blood pressure in addition to one or more of the following conditions: • heart condition • lung condition • stroke/cerebrovascular accident (CVA)/mini-stroke/transient ischemic attack(TIA)?	YES	NO	YES	NO
15.	During the 5 years prior to your departure date, have you smoked cigarettes?	YES	NO	YES	NO
16.	During the 12 months prior to your departure date, have you been diagnosed with or treated ¹ for high blood pressure?	YES	NO	YES	NO
17.	Has it been more than 24 months since your last regular check-up with a physician?	YES	NO	YES	NO
If you have answered YES to ANY of the questions in Part 7, you qualify for Rate Category 4 . If you answered NO to ALL of the questions in Part 7, you must answer the questions in Part 8.					
Part 8				Applicant 1	Applicant 2
18.	During the 12 months prior to your departure date, have you been diagnosed with or treated ¹ for diabetes controlled only by diet?	YES	NO	YES	NO
19.	During the 12 months prior to your departure date, have you been diagnosed with or treated ¹ for high cholesterol?	YES	NO	YES	NO
20.	Have you ever been diagnosed with or treated ¹ for any of the following medical conditions:				
	a) pancreatic disorder?	YES	NO	YES	NO
	b) chronic bowel disease (such as, but not limited to: Crohn's disease, ulcerative colitis)?	YES	NO	YES	NO
	c) bowel obstruction or bowel surgery?	YES	NO	YES	NO
	d) gastrointestinal bleeding?	YES	NO	YES	NO
	e) kidney disease (including stones)?	YES	NO	YES	NO
	f) gallbladder disease (including stones)? (if your gallbladder has been removed, answer NO)	YES	NO	YES	NO
	g) liver disease?	YES	NO	YES	NO
	h) aneurysm?	YES	NO	YES	NO
	i) cancer (excluding basal or squamous cell skin cancer or breast cancer treated only with Tamoxifen, Femara or Arimidex)?	YES	NO	YES	NO
If you have answered YES to ANY of the questions in Part 8, you qualify for Rate Category 5 . If you answered NO to ALL of the questions in Part 8, you qualify for Rate Category 6 .					

STABILITY REQUIREMENT AND PRE-EXISTING CONDITION EXCLUSIONS		
For plans requiring a Medical Declaration - You must complete the Medical Declaration to determine which Rate Category you qualify for.		
If you qualify for:	Your Pre-existing Period is:	Your Pre-existing Condition Exclusion is:
Rate Category 1	365 days (90 days for high blood pressure and 180 days for cancer)	Exclusions 1, 2, 3 on page 5
Rate Category 2	365 days (90 days for high blood pressure and 180 days for cancer)	Exclusions 1, 2, 3 on page 5
Rate Category 3	180 days (90 days for high blood pressure)	Exclusions 1, 2, 3 on page 5
Rate Category 4	180 days (90 days for high blood pressure)	Exclusions 1, 2, 3 on page 5
Rate Category 5	90 days	Exclusion 4 on page 5
Rate Category 6	90 days	Exclusion 4 on page 5
For plans NOT requiring a Medical Declaration		
If you purchase:	Your Pre-existing Period is:	Your Pre-existing Condition Exclusion is:
Non-Underwritten Plan (age 55 to 75)	90 days	Exclusions 1, 2, 3 on page 5
Non-Underwritten Plan (age 76 or over)	2 years	Exclusion 4 on page 5
Canada Plan	Not applicable	Not applicable
40-Day PSHCP Supplemental	90 days	Exclusions 1, 2, 3 on page 5
If applicants are age 54 or under	180 days (90 days for high blood pressure)	Exclusion 1 on page 5
	365 days	Exclusions 5 a), b) and d) on page 5
	Ever	Exclusion 5 c) on page 5
Non-Medical Plan	90 days	Exclusion 1, 2, 3 on page 5

PRE-EXISTING CONDITION EXCLUSIONS

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 ailment³) that was not stable² at any time during the applicable Pre-existing Period required by your plan, prior to each departure date*.
2. Your heart condition, if any heart condition was not stable² at any time during the applicable Pre-existing Period required by your plan, prior to each departure date*.
3. Your lung condition if:
 - a) any lung condition was not stable²; or
 - b) you have been treated¹ with home oxygen or taken oral steroids (e.g., prednisone) for any lung condition, at any time during the applicable Pre-existing Period required by your plan, prior to each departure date*.
4. Any sickness, injury or medical condition (other than a minor ailment³) for which you were hospitalized, have been prescribed a medication (including prescribed as needed), have taken medication or have undergone a medical or surgical procedure at any time during the applicable Pre-existing Period, prior to each departure date.
5. a) **Any** lung condition for which you required hospitalization, the use of home oxygen therapy or treatment¹ with oral steroids (e.g. prednisone) at any time during the **365 days**, prior to each departure date;
 b) **Any** heart condition which was not stable² at any time during the **365 days** prior to each departure date;
 c) Heart failure if you have **ever** been diagnosed or treated¹ for heart failure; or
 d) **Any** of the following conditions if you have been diagnosed or treated¹ for **a total of three or more** of these conditions at any time during the **365 days** prior to each departure date: any heart condition, any lung condition, high blood pressure or diabetes treated¹ with oral medication and/or insulin.

*purchase date (not departure date) in the case of the Non-Medical Plan.

STEP 2 — GENERAL INFORMATION

APPLIANT 1		APPLICANT 2	
Last Name	First Name	Last Name	First Name
Date of Birth (dd/mm/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
CARP Membership No.	Expiry (dd/mm/yy)	CARP Membership No.	Expiry (dd/mm/yy)
Street Address	City	Province	Postal Code
E-mail Address:		Telephone Number:	

If you are age 54 or under applying for family coverage, please call to apply.

STEP 3 — TRAVEL INFORMATION (Select a travel plan)

	Applicant 1	Applicant 2
1. Multi-Trip Annual Plan	<input type="checkbox"/> 9 days <input type="checkbox"/> 16 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 40 days PSHCP Supplemental	<input type="checkbox"/> 9 days <input type="checkbox"/> 16 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 40 days PSHCP Supplemental
	Effective Date*: (dd/mm/yy)	Effective Date*: (dd/mm/yy)
2. Single Trip Plan <input type="checkbox"/> Single Trip Daily Plan <input type="checkbox"/> Canada Plan <input type="checkbox"/> Non-Underwritten Plan <input type="checkbox"/> Non-Medical Plan	Departure Date: (dd/mm/yy)	Departure Date: (dd/mm/yy)
	Effective Date*: (dd/mm/yy)	Effective Date*: (dd/mm/yy)
	Expiry Date: (dd/mm/yy)	Expiry Date: (dd/mm/yy)

Effective Date: Coverage will begin at 12:01 a.m. on the effective date you choose.

*If you are adding this insurance as a top up to an existing coverage, the Effective Date will be the day after your existing coverage terminates.

Name of the Insurer for your existing coverage: _____ Number of Days: _____

Departure Date: This is the day you cross the border of your province, territory or residence or Canada.

Expiry Date: Coverage will terminate at 11:59 p.m. on the expiry date you choose.

STEP 4 — DEDUCTIBLES (US funds) Premium can be adjusted by selecting a deductible other than the automatic \$200 deductible below. Only available to applicants age 55 or over and purchasing a Single Trip Daily Plan.

	Applicant 1						Applicant 2					
Selection:	<input type="checkbox"/> \$0	<input type="checkbox"/> \$200	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$0	<input type="checkbox"/> \$200	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
Premium Adjustment:	+10%	0%	-5%	-10%	-30%	-45%	+10%	0%	-5%	-10%	-30%	-45%

STEP 5 — PREMIUM CALCULATION AND METHOD OF PAYMENT (Refer to the Rate Sheet)	Applicant 1	Applicant 2	
1. Multi-Trip Annual Plan Premium	\$	\$	
2. Single Trip Plan Premium (for the Non-Medical Plan, refer to line 12) a) Total Trip duration b) Existing coverage, if applicable c) Travel days covered by Single Trip Plan d) Single Trip Plan rate base on total trip duration in line a) e) Subtotal c) x d)	a) _____ days b) less _____ days c) = _____ days d) \$ _____ e) \$ _____	a) _____ days b) less _____ days c) = _____ days d) \$ _____ e) \$ _____	
3. Subtotal Daily + Annual Premium: 1 + 2 e)	\$	\$	
4. If you have smoked cigarettes during the 5 years prior to your departure date, calculate 10% of line 3 (not applicable to age 54 or under, to the Canada Plan or to the Non-Underwritten Plan)	\$	\$	
5. Deductible Options: add or subtract % shown in Step 4 (age 55 or over)	\$	\$	
6. Subtotal of lines 3, 4 and 5	\$	\$	
7. CARP Member Discount: 5% of line 6 for each applicant (if applicable)	\$	\$	
8. Travel Companion Discount: 5% of line 6 for each applicant (if applicable)	\$	\$	
9. Green Discount: 1% of line 6 for each applicant (if applicable)	\$	\$	
10. Subtotal: add lines 7, 8, and 9 and subtract from line 6	\$	\$	
11. If you are topping up another carrier's coverage, add a \$15 top up surcharge.	\$	\$	
12. Non-Medical Premium (if applicable) a) Value of trip (rounded to next \$100) b) Value of trip divided by 100 c) Premium = b) x rate found on Rate Guide d) Provincial Sales Tax (Ontario 8%, Quebec 7.5% of c) e) Subtotal c) + d)	a) \$ _____ b) \$ _____ c) \$ _____ d) \$ _____ e) \$ _____	a) \$ _____ b) \$ _____ c) \$ _____ d) \$ _____ e) \$ _____	
13. TOTAL PREMIUM (10 + 11+12e) The minimum premium is \$15 per policy.	\$	\$	
14. Admin Fee: Add \$15 per applicant. <i>No fee if you purchase online! www.carpinsurance.ca</i>	\$	\$	
Total Payment Submitted for both Applicant 1 and Applicant 2	\$		
Method of Payment: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque (payable to: CanAm Insurance)			
Card Number	Expiry (mm/yy)	Signature of Cardholder	Date (dd/mm/yy)

MEDICAL DECLARATION AGREEMENT

You must read and understand the importance of each of the following statements and sign below.

- **A PRE-EXISTING MEDICAL CONDITION EXCLUSION** may apply to medical conditions and/or symptoms that existed prior to my trip. I understand that any medical condition I have, including those disclosed in this Medical Declaration, if applicable, will be subject to the pre-existing medical condition exclusion(s) of the plan I qualify for. I will refer to my policy and to the above section for the full pre-existing medical condition exclusion clause.
- I personally provided the answers on this Medical Declaration, if applicable, and all information disclosed is true and accurate. The Insurer will, in the event of any sickness or injury, review my prior medical history and review my answers. I fully understand that if any of my answers are inaccurate, in the event of a claim, the Insurer will void my policy and my claim will be refused. I understand that the answers on my Medical Declaration are relevant to the risk and constitute the basis of my insurance. Where I was unsure of my medical history as it relates to the medical questions, I have verified it with my physician.
- I understand the necessity of calling ACM and obtaining prior approval before seeking medical attention in case of a claim or medical emergency. The toll free telephone number can be found on my wallet card and in my insurance policy.
- Medical Authorization in Case of a Claim – I understand that The Manufacturers Life Insurance Company (Manulife Financial) and ACM may investigate my claim. By signing this Medical Declaration, I also hereby direct and authorize any physician, health care practitioner, hospital or other medical care facility, pharmacy, the Ministry of Health or any other person who has attended and examined me or who has knowledge or records of me or my health, to furnish to Manulife Financial and to ACM any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim. I hereby consent to the use by the insurer, its agents and administrators, as well as by The McLennan Group ("TMG"), by the Canadian Association of Retired Persons ("CARP"), and by CanAm Insurance ("CanAm") of the personal and health information about me disclosed herein and in all documents or information provided in connection with my policy/policies of insurance for the purposes cited above. Any of the parties stated above may disclose to each other my personal and health information for the purposes cited above.

Applicant 1	Print (First, Last)	Signature	Date dd / mm / yy
Applicant 2	Print (First, Last)	Signature	Date dd / mm / yy

Your personal information is collected for the purpose of providing you with insurance services, claims analysis and payments. The information relating to the administration of benefits under this plan may be provided to third parties, to whom access has been granted, including The McLennan Group Life Insurance Inc. or those authorized by law. We will create a file with the information requested on this form to process your enrolment and to offer and administer insurance services. Your consent to the use of personal information, obtained in connection with this file, to offer you additional CARP recommended services or products is optional. Please call 1-866-943-5997 if you do not wish us to use your information for this purpose or to obtain a copy of our Privacy Policy. This insurance is underwritten by The Manufacturers Life Insurance Company and is administered by CanAm Insurance. Emergency medical assistance and claims service is provided by Active Care Management.