belairdirect.
travel insurance

Belair Insurance Company Inc.
(Insurer)

Travel Insurance

Trip cancellation and interruption insurance

We are pleased to offer Trip cancellation and interruption insurance coverage to you at a very competitive price. This plan helps protect travellers against unforeseen circumstances that may prevent the traveller from travelling or from completing a trip as planned.

COVERAGE HIGHLIGHTS

- **Trip cancellation and interruption insurance Multi-Trip Plan**
- **Trip Cancellation, Interruption & Delay**[1] – up to a maximum of $12,000 per insured, per trip.
- **Baggage & Personal Effects** – up to a maximum of $1,500 per insured to a maximum of $3,000 per family.
  - Document Replacement – up to a maximum of $200.
  - Baggage Delay - up to $400 per insured to a maximum of $1,000 per family for the purchase of necessities.

COVERAGE FOR A NEW POLICY

This travel insurance has an additional feature to provide a new policy, issued for a maximum of one year, commencing on the day immediately following the expiry date of your policy.

Coverage under the new policy will begin on the effective date, unless you provide notice of termination to the Administrator within 60 days from the first premium deduction for that policy year.

HOW TO ENROLL

Complete the attached Application Form and return it with a personal cheque marked VOID. If you are eligible and all is in order with your Application, your coverage begins on the day on which **belairdirect** receives the completed and signed Application Form.

You will receive a confirmation of coverage, a policy and a travel coverage card. The travel coverage card lists the toll-free numbers to call in the event of a claim. The policy will include complete information with respect to coverages, limitations and exclusions.

Please forward this application to:
belairdirect
Travel insurance
PO Box 4456 Stn A
Toronto ON M5W 0R6

Email: **travelinsurance@belairdirect.com**

Toll free: **1 877 466.2929**

[1]Coverage for Trip Cancellation begins the day of booking your trip provided your insurance is in effect. If a trip is booked prior to Trip Cancellation insurance being in effect, coverage for that trip will begin the day that the insurance premium is paid and the policy is issued. Trip Cancellation, Interruption & Delay Insurance benefits apply only to travel arrangements booked prior to departure.

All amounts shown are in Canadian currency. Rates indicated are annual. Rates payable will be pro-rated according to the number of months remaining until the end of the policy year (August 31).

This is intended for promotional purposes and is not an insurance policy. It is not an offer of insurance. It contains some information about coverages underwritten by Belair Insurance Company Inc. 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 product and rates described are subject to change without notice at any time.

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Travel Insurance Application Form

Trip cancellation and interruption insurance

SECTION 1 **MEMBER/APPLICANT INFORMATION** ➢ Please print	For internal use only: **ID NUMBER**

First Name	Initials	Last Name
Address - Street/Apt		
City/Town	Province	Postal Code
Date of Birth (DD/MM/YYYY)	Gender ☐ Male ☐ Female	
Contact Telephone Number (Home)	Contact Telephone Number (Work/Cell)	
E-mail Address	I wish to receive the following by e-mail ☐ Policy Information ☐ **belairdirect** Communications	
Name of Your Employer/Association	Membership Number (If applicable)	

SECTION 2 **SPOUSE INFORMATION** ➢ Please complete if applying for Family Coverage

First Name	Initials	Last Name
Date of Birth (DD/MM/YYYY)	Gender ☐ Male ☐ Female	

SECTION 3 **DEPENDENT INFORMATION** ➢ Please complete if applying for Family Coverage

	First Name	Last Name	Date of birth (DD/MM/YYYY)	Gender (M/F)
Dependent				
Dependent				
Dependent				

SECTION 4 ELIGIBILITY

To be eligible for insurance under Trip cancellation and interruption insurance, you must:
a) be a member, or a spouse or dependent of a member;
b) be a Canadian resident; and
c) be insured under your Provincial or Territorial Health Insurance Plan.

A dependent may be covered under Family Coverage but cannot apply for coverage under this insurance individually.

☐ I confirm that all persons listed in Sections 1, 2 and 3 are eligible for this insurance.

☐ By applying for coverage I understand that my personal information may be communicated to the sponsoring organization.

SECTION 5 COVERAGE SELECTION AND PREMIUM

I would like to apply for: ☐ Single ☐ Family

	Age								
	0 – 39	**40 - 49**	**50 - 54**	**55 - 59**	**60 - 64**	**65 - 69**	**70 - 75**	**76 - 80**	**81+**
Single	$236	$250	$277	$307	$341	$378	$418	$463	$489
Family	$472	$500	$554	$614	$682	$756	$836	$926	$978

For Ontario, Newfoundland and Labrador, Manitoba, Quebec and Saskatchewan residents, Retail Sales Tax is payable on the total premium. Tax is not applicable in all other provinces.

Stable means any medical condition or related condition (including any heart condition and/or lung condition), other than a minor ailment, for which all of the following statements are true:
- there has been no new diagnosis, new treatment or new prescribed medication;
- there has been no change in treatment or change in prescribed medication (including the amount of medication to be taken, how often it is to be taken, the type of medication or changes in treatment frequency or type); Exception: i) the routine adjustment of Coumadin or Warfarin, insulin or oral medications to control diabetes, (as long as it is not newly prescribed or stopped); or ii) a change from a brand name medication to a generic brand medication (provided the dosage is not modified);
- there has been no new symptom, more frequent symptom or more severe symptom experienced;
- there has been no test result showing a deterioration;
- there has been no hospitalization or referral to a specialist (made or recommended) and there is no further investigation for which results are pending.

GENERAL EXCLUSIONS 1, 2, 3 and 4

Additional exclusions and definitions apply. Refer to the policy for the complete details on exclusions and limitations.

This insurance does not cover any expenses incurred directly or indirectly as a result of the following:

1. Any medical condition (other than a minor ailment) that was not *stable* at any time during the 90 days before your day of booking (for Trip Cancellation) or your day of departure (for Trip Interruption & Delay).

2. Any medical condition that required the use of home oxygen at any time during the 90 days before your day of booking (for Trip Cancellation) or your day of departure (for Trip Interruption & Delay).

3. Any cancer for which you received chemotherapy treatment at any time during the 90 days before your day of booking (for Trip Cancellation) or your day of departure (for Trip Interruption & Delay).

4. Any lung condition that required treatment with oral steroids (prednisone or prednisolone) at any time during the 90 days before your day of booking (for Trip Cancellation) or your day of departure (for Trip Interruption & Delay).

Exclusions 1, 2, 3 and 4 apply to you, as well as your family member, your travelling companion, your travelling companion's family member, your close business associate, your caregiver, or your host at your trip destination.

IMPORTANT - YOU MUST COMPLETE AND SIGN THE BOTTOM OF THIS FORM FOR COVERAGE TO BE IN FORCE.

SECTION 6 AGREEMENTS AND AUTHORIZATIONS ➢ Each applicant must read and agree by signing in the appropriate area below

This insurance may not cover claims related to medical conditions that are not stable, whether disclosed or not at time of policy purchase. Additional information can be found on page 3 of this application. I will refer to the policy for complete details on exclusions and limitations.

a) I understand the necessity of notifying belairdirect's travel claims and assistance service provider, Global Excel Management Inc. Any delays in notifying Global Excel Management Inc., or any delays in cancelling your trip with your travel agent or travel supplier, will limit your benefits to the non-refundable or non-transferable amount that would have been payable on the initial date the covered event occurred.

b) Medical Authorization in Case of a Claim – I understand that the insurer may investigate my claim. By signing this Application for Insurance form, 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 the Insurer of Record (Insurer) and Global Excel Management Inc. 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.

c) I understand that some exclusions may apply and affect my coverage. I will read my insurance policy for additional details.

d) I understand that coverage will terminate on August 31. A new Policy will be issued for September 1, under the new policy terms and conditions in effect, unless I provide notice of termination to the Plan Administrator within 60 days from the first premium deduction for the new Policy Year. Notice of termination must be provided on or before October 5.

e) I/We further authorize that my/our premium for this insurance, including any mid Policy Year adjustments, arrears and new Policy Year premium to be deducted from my/our chequing account as indicated below.

f) It is a condition to your new coverage coming into effect that your initial premium is paid. If we are unable to collect your first premium, no coverage will be in effect. I/We understand that my/our policy will be automatically cancelled should belairdirect Agency Inc., the Plan Administrator, receive two or more Non-Sufficient Funds (NSF) notices on my/our account.

g) Your privacy is important to us. To read the commitment we've made to protecting your privacy, and understand how we use, collect and disclose your personal information, please visit our Privacy Promise online at belairdirect.com/en/privacy or request a copy by calling 1 866 941.5094. Our Privacy Promise may be updated from time to time. We encourage you to visit our website periodically to take notice of any changes.

Please check to confirm: (Payment Option and VOID cheque).

☐ Monthly Bank Deduction ☐ One Lump Sum Bank Deduction

☐ **I/We have attached a blank personal cheque for my/our account and marked it "VOID".**

☐ **I/We understand that, provided I/we are eligible and our Application is complete and in order, coverage will begin on the day belairdirect Agency Inc. receives my/our completed Application.**

Signature of Member/Applicant

X	**Date** (DD/MM/YYYY)

Signature Of Spouse (for Family Coverage)

X	**Date** (DD/MM/YYYY)

Insurance products are provided by Belair Insurance Company Inc. Services are provided by belairdirect Agency Inc. Both companies share common ownership. Agents employed by belairdirect Agency Inc. only propose products underwritten by Belair Insurance Company Inc. and do not receive any commissions tied to the sale of an insurance policy.

Belair Insurance Company Inc.
belairdirect.com
1 833 964.2757

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