belairdirect. travel insurance | RTAM RETIRED TEACHERS' ASSOCIATION OF MANITOBA

Belair Insurance Company Inc.
(Insurer)

Travel Insurance Application Form

Journey travel plan

If you have any questions about the plan, or need assistance completing your application form, please contact the Plan Administrator, belairdirect Agency Inc., at 1 833 749.1324 or via email at GroupBenefitsWS@belairdirect.com.

SECTION 1 MEMBER INFORMATION ➢ Please print

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)	E-mail Address	
RTAM membership type (choose one): ☐ Full Member ☐ Associate Member ☐ Education Community Member		

If you have any questions on your member status, please contact RTAM at 204 889.3660.

SECTION 2 SPOUSE INFORMATION ➢ Please Print (Complete if spouse is applying for 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 this Travel 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.

SECTION 5 COVERAGE SELECTION

1. I would like to apply for the following coverage for the plan indicated below: ☐ Single ☐ Family
2. My spouse would also like to apply for the following coverage for the plan indicated below: ☐ Single (if spouse is younger)

Check the appropriate boxes and complete the details as required:

☐ **BASE PLAN** - unlimited number of trips. Trips outside Canada are limited to ☐ 62 or ☐ 93 consecutive days

Base Plan Discount Option* – select one: ☐ No discount ☐ $1,000 Deductible (20%) ☐ $5,000 Deductible (45%)
☐ Exclude Trip Cancellation, Interruption & Delay (20%)

*Select one to receive a discount on your annual Base Plan. Discount option can be changed on the renewal date of April 1st.

☐ **SUPPLEMENTAL PLAN** - for a single trip of longer than 93 consecutive days outside of Canada.

A 93-day Base Plan is required in order to purchase a Supplemental Plan.
Check the appropriate duration for the single trip of longer than 93 consecutive days outside of Canada, including the date you first leave Canada for a period of more than 93 consecutive days and the date you return to your province or territory of residence.

93 days + ☐ **5 days** (total 98) ☐ **14 days** (total 107) ☐ **29 days** (total 122) ☐ **44 days** (total 137)

☐ **59 days** (total 152) ☐ **74 days** (total 167) ☐ **89 days** (total 182) ☐ **104 days** (total 197) ☐ **119 days** (total 212)

SECTION 6 TRAVEL INFORMATION ➢ Please complete if you have selected the Supplemental Plan

Please print clearly.

Date of departure from Canada (DD/MM/YYYY)

Date of return to your home province or territory (DD/MM/YYYY)

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

SECTION 7 AGREEMENTS AND AUTHORIZATIONS ➢ EACH applicant must read and agree by signing in the appropriate area below.

a) I understand the necessity of calling belairdirect's travel claims and assistance service provider, Global Excel Management Inc., to obtain 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.

b) Medical Authorization in Case of a Claim – I understand that the insurer may investigate my claim. By signing this Application 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 Belair Insurance Company Inc. and to its authorized administrator, 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 unless I advise belairdirect Agency Inc. to the contrary in writing, my coverage selection will remain in effect for each Policy Year thereafter. belairdirect Agency Inc. will provide me with notification of my new coverage issued before the beginning of each subsequent Policy Year, which is April 1st.

e) I understand that coverage will terminate on March 31. A new Policy will be issued for April 1, under the new policy terms and conditions in effect, unless I provide written notice of termination to the Plan Administrator within 60 days from the first premium deduction for the new Policy Year.

f) In addition, I authorize and direct the Insurer of Record (Insurer) and its appointed provider of Travel Assistance Services (TAS Provider) to recover claim expenses from my Provincial or Territorial Health Insurance Plan and any other insurance plans.

g) 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 based on the payment option selected.

h) 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.

i) 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.

Monthly Premium Payment
☐ **Monthly Bank Deduction.** Please attach a cheque marked “VOID”.

Signature of Member / Applicant

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

Signature of spouse (for family or individual spousal coverage)

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

Please forward your application to:
belairdirect Agency Inc.
Group Benefits
Box 4005 STN A
Toronto, ON M5W 0M7
Email: GroupBenefitsWS@belairdirect.com

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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