

TRIP CANCELLATION & TRIP INTERRUPTION INSURANCE

We are pleased to offer Trip Cancellation & Trip Interruption Insurance coverage to you at a very competitive price. This plan helps protect travellers against unforeseen circumstances that may prevent you from travelling or from completing your trip as planned.

► COVERAGE HIGHLIGHTS

- **Annual Trip Cancellation & Trip Interruption Multi-Trip Plan**
- **Trip Cancellation** – up to a maximum of \$12,000 per insured person, per trip for any number of trips.
- **Trip Interruption** – up to a maximum of \$12,000 per insured person, per trip for any number of trips.
- **Baggage and Personal Effects** – up to a maximum of \$1,500 per person, per trip to a maximum \$3,000 per family.
 - Document Replacement – up to a maximum of \$200
 - Up to \$400 per person to a maximum of \$1,000 per family for the purchase of necessities.

► PRE-EXISTING MEDICAL CONDITIONS*

Pre-existing medical conditions may affect your coverage under this plan. A pre-existing medical condition can be covered if it has been stable¹ for 90 days prior to the date of purchase of your travel arrangements.

*Note: The above applies to the following persons: you, an immediate family member, a travel companion, a travel companion's immediate family member, a business associate, a close friend and/or your host at destination.

Stable¹ 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.

► ANNUAL COVERAGE

This travel insurance has an additional feature which automatically provides for the issuance of a new policy upon the expiry date of this policy. This new policy is issued for a period of 365 days commencing on the effective date (September 1) based on your previous policy year's plan.

Coverage under the new policy will begin on the effective date of the new policy (immediately following expiration of the previous policy), 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 in the provided postage-paid envelope, together with a personal cheque marked VOID. If you are eligible and all is in order with your Application, your coverage begins on the day that Johnson Inc. receives the completed and signed Application Form.

You will receive written confirmation of your coverage, your policy and an ID Card. The ID card lists the toll free numbers for the Trip Cancellation & Trip Interruption Insurance Plan. The policy will include complete information with respect to coverages, limitations and exclusions.

ANNUAL RATE
\$87.99



Trip Cancellation & Trip Interruption Application

1**MEMBER INFORMATION** ▶ Please printFor 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	
Contact Telephone Number (Home)	Contact Telephone Number (Work/Cell)	
E-mail Address	I wish to receive the following by e-mail <input type="checkbox"/> Policy Information <input type="checkbox"/> Johnson Inc. Communications	
Name of your Employer/Association	Membership Number (if applicable)	

2**CONFIRMATION OF ELIGIBILITY****Please read and check to confirm:**

- I am a Canadian resident; and
- I am a member of the sponsoring organization or the spouse of the member; and
- I am a friend or a family member of a member of the sponsoring organization; and
- I am insured under the Provincial or Territorial Health Insurance Plan in my Province or Territory of Residence.
- By applying for coverage I understand that my personal information may be communicated to the sponsoring organization.

3**SPOUSE INFORMATION** ▶ Please complete if applying for Family Coverage

First Name	Initials	Last Name
Date of Birth (DD/MM/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Insured under the Provincial or Territorial Health Insurance Plan <input type="checkbox"/> Yes <input type="checkbox"/> No

4**DEPENDENT CHILD(REN) INFORMATION** ▶ Please complete if applying for Family Coverage

	First Name	Last Name	Date of birth (DD/MM/YYYY)	Gender (M/F)	Insured under the Provincial or Territorial Health Insurance Plan #
Dependent					<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent					<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent					<input type="checkbox"/> Yes <input type="checkbox"/> No

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 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.
- 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.

Pre-existing Medical Condition Stability Clause

This exclusion applies to you if you are insured under this insurance.

This insurance does not cover any expenses for Trip Cancellation, Interruption & Delay Insurance benefits, incurred directly or indirectly as a result of:

1. A medical condition or related condition (other than a minor ailment), if in the 90 days before your day of departure or day of booking, that medical condition or related condition was not stable.
2. A heart condition, if in the 90 days before your day of departure or day of booking:
 - a) any heart condition has not been stable; or
 - b) you have taken nitroglycerin more than once per week specifically for the relief of angina pain for any heart condition.
3. A lung condition, if in the 90 days before your day of departure or day of booking:
 - a) any lung condition has not been stable; or
 - b) you have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

Your day of departure applies to:

- Trip Interruption & Delay Insurance benefits.

Your day of booking applies to:

- Trip Cancellation Insurance benefits.

5

COVERAGE SELECTION AND PREMIUM

I would like to apply for: Single Family

Annual Premium \$87.99

Retail Sales Tax is payable on the total premium.

For Ontario and Manitoba (8%), Saskatchewan (6%), Quebec (9%) and Newfoundland (15%). This tax is not applicable in all other provinces.

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

6 AGREEMENTS AND AUTHORIZATIONS ▶ Each applicant must read and agree by signing in the appropriate area 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 will be subject to the Pre-Existing Medical Condition Stability Clause on page 1 and I will refer to my policy for the full Exclusions and Limitations.

a) I understand the necessity of notifying the **Johnson Claims Assistance Centre** without delay as delays in advising of a **trip cancellation** may limit 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 its appointed provider of Johnson Claims Assistance Centre 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 Johnson, the Plan Administrator, receive two or more Non-Sufficient Funds (NSF) notices on my/our account.

g) I acknowledge that my policy will contain or attach a privacy statement outlining how my personal and other information may be collected, used and disclosed in connection with my policy, claims thereunder and other stated purposes among Johnson, the Insurer, the reinsurer, the Johnson Claims Assistance Centre, my sponsor group and any other applicable parties. For privacy information, please refer to www.rsagroup.ca or call RSA at 1.800.716.4339.

Please check to confirm:

(Payment Option and VOID cheque). Selection will remain in effect unless Johnson is advised otherwise.

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 Johnson receives my/our completed Application.

SIGNATURE OF MEMBER / APPLICANT

x	DATE (DD/MM/YYYY)
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SIGNATURE OF SPOUSE (FOR FAMILY COVERAGE)

x	DATE (DD/MM/YYYY)
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