

# TRIP CANCELLATION & INTERRUPTION TRAVEL INSURANCE

We are pleased to offer Trip Cancellation & 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 & Interruption Multi-Trip Plan**
- **Trip Cancellation, Interruption & Delay<sup>1</sup>** – 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.
- Trip cancellation, interruption, and delay coverage<sup>1</sup> is available if you are unable to travel or have to interrupt your trip due to you or your travel companion contracting COVID-19.

## ► PRE-EXISTING MEDICAL CONDITIONS<sup>2</sup>

A Pre-existing Medical Condition Stability Clause may affect your coverage under this plan. Pre-existing medical conditions must be stable<sup>3</sup> for 90 days before your day of booking (Trip Cancellation benefits) or day of departure (Trip Interruption benefits).

## ► 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 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 & Interruption Insurance Plan. The policy will include complete information with respect to coverages, limitations and exclusions.

<sup>1</sup>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.

<sup>2</sup>The Pre-existing Medical Condition Stability Clause applies to the following persons: each insured, a family member, close business associate, caregiver, travelling companion or travelling companion's family member.

<sup>3</sup>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.



TOLL FREE 1-877-466-2929

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 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 product and rates described are subject to change without notice at any time.

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# Trip Cancellation & Interruption Application

## 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 <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 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	

## 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				

## 4 ELIGIBILITY

To be eligible for insurance under the Trip Cancellation & Interruption Plan, 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.

## 5

## COVERAGE SELECTION AND PREMIUM

I would like to apply for:  Single  Family

Age	0 – 49	50 – 59	60 – 69	70+
Single or Family Coverage	\$264.99	\$284.99	\$329.99	\$412.99

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.

#### Pre-existing Medical Condition Stability Clause

This exclusion applies to each insured under this insurance. This exclusion also applies to your family member, close business associate, caregiver, travelling companion or your travelling companion's family member.

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.

# 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 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**. Any delays in notifying the Johnson Claims Assistance Centre, 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 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](http://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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