APPLICATION FOR PRESTIGE TRAVEL INSURANCE

If you have any questions about the Plan, or need assistance completing your application form, please contact the Plan Administrator, Johnson Inc., at 1.877.989.2600 (Option #2) or via email at pbservicewest@johnson.ca.

1. MEMBER INFORMATION – Please print clearly

First Name(s)	Last Name	Gender ☐ Male ☐ Female	Date of Birth DD MM YYYY
Address (including Apartment/Unit Number)			
City/Town	Province/Territory	Postal Code	
Telephone Number ( )	Email Address		

This insurance is only available to full RTAM members. If you have any questions on your member status, please contact RTAM at (204) 889-3660.

2. SPOUSE/DEPENDENT INFORMATION – Please complete if you have selected Family Coverage or spouse is applying for coverage

First Name(s)	Last Name	
Gender ☐ Male ☐ Female	Date of Birth: DD MM YYYY	Dependents age 21+: ☐ Full Time Student age 24 or less ☐ Disabled
First Name(s)	Last Name	
Gender ☐ Male ☐ Female	Date of Birth: DD MM YYYY	Dependents age 21+: ☐ Full Time Student age 24 or less ☐ Disabled

For additional Dependents, please provide information on a separate page.

3. PLAN INFORMATION – Check 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 option, from the date you first leave Canada for a period of more than 93 consecutive days until 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)

TRAVEL INFORMATION – Please complete if you have selected the supplemental plan

Date of departure from Canada DD MM YYYY	Date of return to your home province or territory DD MM YYYY

Select Single Coverage if applying as Member only.
If also applying for spousal coverage, either select Family Coverage, or select Single Coverage for both the Member and the Spouse.

a) I would like to apply for coverage as indicated above for: ☐ Single Coverage OR ☐ Family Coverage
b) My Spouse would also like to apply for coverage as indicated above for: ☐ Single Coverage (if Spouse is younger)

Please direct all inquiries about the application, policies, authorization for premium deductions or any written notice of change or cancellation to the Plan Administrator, Johnson Inc. at 1-877-989-2600 (Option #2) or pbservicewest@johnson.ca.

4. ELIGIBILITY

To be eligible for insurance under Prestige Travel Insurance, you must:
a) be a full member, or a spouse or dependent of a full 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 and 2 are eligible for this insurance.

5. MONTHLY PREMIUM PAYMENT

Please select one of the following:

☐ **Monthly Teachers' Retirement Allowances Fund (TRAF) Pension Deduction.** Please provide your TRAF Pension No._____

(found on the top right corner of any letter from TRAF) and your pension effective date_____.
DD MM YYYY

☐ **Monthly Bank Deduction.** Please attach a cheque marked "VOID".

6. CONSENT AND SIGNATURE

I understand the necessity of calling 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.

I authorize that my premium for this insurance, including any mid policy year adjustments, arrears and renewals, be deducted in monthly amounts due on or after this date of application. I understand that my policy will be automatically cancelled should Johnson Inc. receive two or more Non-Sufficient Funds (NSF) notices on my account.

I recognize that the Prestige Travel Insurance will begin on the day Johnson Inc. receives and approves of my completed application.

I also understand that unless I advise Johnson Inc. in writing to the contrary, the coverage I have selected **will remain in effect for each policy year thereafter**. Johnson Inc. will provide me with notification of my new policy before the beginning of each subsequent policy year, which is April 1st.

I authorize my "Group", the Retired Teachers' Association of Manitoba, my "Plan Administrator" Johnson Inc., and my "Insurer" Royal & Sun Alliance Insurance Company of Canada (collectively, the "Providers") to collect, use, maintain and disclose my financial, medical and other personal information, including the information relating to any spouse or dependent who may be the subject of this application (the "Information"), for the purposes of Prestige Travel Insurance (the "Plans") administration and audit and the assessment, investigation, management, processing and/or underwriting of this application and any claims under the Plans (collectively, the "Purposes"). **I authorize** any person with information, including any medical and health professional, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer investigative agency and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with the Providers and any replacement Plan Administrator, Insurer, Administrator approved by my Group, for the Purposes. **I understand** that any coverage will not become effective until approved by the Providers. **I authorize** the use of my Provincial health number and any Group member ID for the purposes of identification and administration. For further information on how Johnson Inc. manages your personal information, please visit: https://www.johnson.ca/protecting-your-privacy. For further information on how Royal & Sun Alliance Insurance Company of Canada manages your personal information, please visit: https://www.rsagroup.ca/your-privacy/privacy-policy.

_____ _____
Signature of Applicant **Date**

_____ _____
Signature of Spouse (if applicable) **Date**

PLEASE FORWARD YOUR APPLICATION TO:

JOHNSON INC.
GROUP BENEFITS
Box 4005 STN A
Toronto, ON M5W 0M7
Email: pbservicewest@johnson.ca