



## EMERGENCY TRAVEL MEDICAL INSURANCE APPLICATION

### Applicant Details:

Traveler #1 (Association Member):

Date of Birth (DD/MM/YYYY):

Mailing Address:

City:

Prov / Terr:

Postal Code:

Telephone:

Email:

### Family Details:

Our Family Plan includes coverage for up to two adults and their dependent children ("**Dependents**")\*. You are eligible for the Family Plan if all travelers are under age 80 and at least 15 days of age on the application date.

Adult Traveler #2 ("**Spouse**")\*\*: Name

Date of Birth (DD/MM/YYYY):

Dependent 1: Name

Date of birth (DD/MM/YYYY):

Dependent 2: Name

Date of birth (DD/MM/YYYY):

Dependent 3: Name

Date of birth (DD/MM/YYYY):

I confirm that all dependents age 22-25 are full time students

Yes

No

N / A

\***Dependents** shall mean persons living in Canada who are either natural children, or legally adopted children, or step-children, or children under permanent legal guardianship of the **Insured Applicant** and who are:

- a. not less than **fifteen (15) days** of age and **under twenty-two (22) years of age** and unmarried and dependent upon the **Insured Applicant** for maintenance and support, or
- b. **between twenty-two (22) years of age and up to age twenty-five (25)** at the effective date of The Policy and unmarried and in full time attendance (in accordance with the standards of the institution) at an institution of learning in Canada and dependent upon the **Insured Applicant** for maintenance and support.

\*\***Spouse** shall mean either one and one only of:

- a. a person age eighty (80) and under at the effective date of The Policy, who is legally married to the Insured Client, and who is living with the Insured Client in Canada, or
- b. a person age eighty (80) and under at the effective date of The Policy, residing in Canada, who, immediately prior to his or her loss, has been residing with the Insured Client for a period of not less than one (1) year if the Insured Client has no legal Spouse, or not less than three (3) years if the Insured Client has a legal Spouse, and who has been publicly represented as the Spouse of the Insured Client during such period.

## Coverage Plans:

Do you want to cover **One Trip** or **Multiple Trips** in one year?

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Please complete the corresponding section below:

### One Trip:

When does the trip start? (DD/MM/YYYY):

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When does the trip end? (DD/MM/YYYY):

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### Multiple Trips:

When would you like the coverage to begin? (DD/MM/YYYY):

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Please choose the length of the longest single trip planned in one year?

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10 Day

35 Day

60 Day

100 Day

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Do you require Trip Cancellation insurance?

Yes  No

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## Eligibility Requirements:

1. Do you and any other person to be insured under the same policy have current and valid Canadian provincial or federal government health insurance in force?  Yes  No
  2. Do you and any other person to be insured under the same policy have their permanent and primary residence in Canada?  Yes  No
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**NOTE: coverage is only available if you answer "Yes" to both questions above.**

### Pre-Qualification Criteria

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3. Do any of the Travelers have cancer and/or have any of the Travelers had cancer in the past 10 years?  Yes  No
4. Do any of the Travelers:  
Have 3 or more diagnosed medical conditions?  Yes  No  
Take 3 or more prescribed medications?  Yes  No
5. Have any of the Travelers submitted a travel medical claim in the past 3 years?  Yes  No
6. In the preceding 12 months, have any of the Travelers:  
Sought or received treatment, advice, or counseling for any symptom or medical condition (other than a minor ailment)?  Yes  No  
Had a change in medication (including changes in type or dosage; start or stop of medication)?  Yes  No

7. Do any of the Travelers have a symptom or medical condition for which future or investigative treatment is planned?  Yes  No
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**NOTE: a medical questionnaire is required for each insured that answers "Yes" to any of the above questions 3 to 7.**

## Important Information

A **Pre-existing Conditions Exclusion** applies to all Insured Persons for conditions or symptoms occurring within 90 days prior to leaving their province of residence in Canada, as well as other exclusions which may restrict or exclude coverage.

A **\$3,500 DEDUCTIBLE** applies to the claim of an Insured Person with any history of high blood pressure, cerebrovascular disease (including stroke or transient ischemic attack), cardiac or cardiovascular or vascular disease, but only for those types of claims, provided such medical condition was stable as defined in the policy.

**The Insured Person must notify United HealthCare Global (UHCG) Assistance immediately or where prior notice is not possible within 24 hours of admission to hospital and prior to any invasive surgery or diagnostic testing.**

Travel Emergency Excess Hospital & Medical Insurance provides coverage subject to the terms and conditions of the policy in Excess of Government Health insurance. The Insurer will coordinate the benefit payments on your behalf with Government Health and any other Insurers that you may have, provided BMS/UHCG is the first claim contact. This coverage is for losses arising from sudden and unforeseeable circumstances subject to all exceptions, limitations and deductibles in the policy wording.

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## Declarations and Warranty

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of **Emergency Travel Medical** insurance and that this application discloses the hazards known to exist at the date of this application. I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

I, the applicant, acknowledge that any omission or misrepresentation of information provided may render null and void any policy of insurance coverage issued.

Signed by:

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Date:

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## Submit completed application to BMS:

**BMS Canada Risk Services Ltd. (BMS Group)**  
825 Exhibition Way, Suite 209  
Ottawa, ON K1S 5J3

Toll Free: 1-855-318-6136  
Fax: 613-701-4234  
Email: [cpa.insurance@bmsgroup.com](mailto:cpa.insurance@bmsgroup.com)