

**For Assistance:** Contact your Broker or call us at 1-855-337-3532  
Please send your completed application form to your broker or  
**The Destination: Travel Group Inc.**

307-211 Consumers Rd, Toronto, ON M2J 4G8 Tel / 416-499-1900 Fax / 416-499-1901

**IMPORTANT INFORMATION** - Words shown in italics are defined in Section 5 of this application

The policy takes effect on the *effective date*, from which date all insurance terms shall be calculated. It remains in force for the period for which premium has been paid. It may be renewed subject to the consent and conditions of the insurer for further consecutive terms, not exceeding fifty-two (52) consecutive weeks, upon payment of premium at the rate and in the amount determined at the time of renewal by the insurer.

**This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by any condition (except for a *minor ailment*) for which the *insured person* has sought or received *medical treatment*, advice, follow-up visits, counseling, or has taken prescription drugs within one hundred and eighty (180) days prior to becoming insured under this policy. Such condition shall be covered when subsequently a continuous period of not less than three hundred and sixty-five (365) consecutive days has passed during which time the *insured person* has not sought or received *medical treatment*, advice, follow-up visits, counseling, nor has taken prescription drugs related to such condition.**

**SECTION 1 ELIGIBILITY REQUIREMENTS**

**You must meet the following conditions on your policy effective date to be eligible for insurance:**

- a) be under age seventy (70); and
- b) are considered a *dependent*; and
- c) be a Canadian citizen or hold a Canadian landed immigrant status; and
- d) have paid the required premium.

Newborn children shall be eligible to apply for insurance on the fifteenth (15) day after discharge from the hospital where the birth took place. For additional Eligibility Requirements for *your dependents*, please review the definition.

**If you are not eligible to purchase this insurance, please consult your insurance broker or contact us at 1-855-337-3532 as other coverage options may be available.**

**For complete terms, benefits, conditions and exclusions, please see the policy.**

**SECTION 2 PRIMARY APPLICANT INFORMATION**

Address in Canada				Apt.
City	Prov.	Postal Code	Phone ( )	
Home Country	Current DTGI Policy Number (for renewals only)		Email	

**Please fill out all applicant details.**

**If additional space for *dependents* is required, please attach the information on a separate sheet.**

	Last Name	First Name	Date of Birth (dd/mm/yy)	Relationship (primary / spouse / child)	Effective Date (dd/mm/yy)*	Expiry Date (dd/mm/yy)**
1	Primary Applicant			Primary		
2						
3						
4						
5						
6						
7						
8						

**\*Effective date for a *dependent* cannot be earlier than the *effective date* of the primary applicant.**

**\*\*Expiry date for a *dependent* can be earlier but no later than the primary applicant.**

**SECTION 3 PREMIUM CALCULATION****COVERAGE TYPE (Refer to Rates Schedule)**

Worldwide coverage **excluding** United States       Worldwide coverage **including** United States

**All partial weeks must be rounded up to the next full week.**

For example, a policy with an *effective date*: March 13, 2022, and an *expiry date*: June 20, 2022.

This calculates to 100 days or 14.29 weeks of coverage (100 days ÷ 7 days/week = total weeks of coverage).

In this example, premium would be calculated using 15 weeks.

Applicant	Age	Weekly Premium Rate	Duration in Weeks (round up for partial weeks) *	Individual Premium
1 Primary Applicant			X =	\$
2			X =	\$
3			X =	\$
4			X =	\$
5			X =	\$
6			X =	\$
7			X =	\$
8			X =	\$
<b>Sub Total Premium =</b>				<b>\$ A</b>
<b>Deductible Options:</b>				
<input type="radio"/> \$250 (-7%) <input type="radio"/> \$500 (-12%) <input type="radio"/> \$1,000 (-16%) <input type="radio"/> \$5,000 (-27%)				- %
<b>* Minimum coverage duration is 12 weeks (One year = 52 weeks)</b>				
<b>Total Premium =</b>				<b>\$ B</b>

**SECTION 4 PAYMENT**

**Cheque\*** Make payable to The Destination: Travel Group Inc.     **Visa\***     **Mastercard\***

The cheques **must** be mailed to The Destination: Travel Group Inc. at 307-211 Consumers Rd, Toronto, ON M2J 4G8 along with *your* application form.

Do not share credit card information on this application form if paying by credit card. The broker will reach out directly for this confidential information.

Cardholder's Name

Cardholder's Phone Number

Signature of Cardholder

\* NSF cheques and credit card chargebacks will be charged an administration fee of \$100.

The applicant(s) confirm that they are eligible for coverage.

Primary Applicant Signature on behalf of Applicant(s)

**For Broker Use Only** 5111172828

Broker ID

Special Benefits Insurance Services (P) 1-800-667-0429  
860 - 20 Toronto St (F) 1-416-601-0308  
Toronto ON M5C 2B8 (E) general@sbis.ca

## SECTION 5 DEFINITIONS

**Deductible** (if applicable) means the dollar amount, in CAD, for which the *insured person* is liable per policy period, as stated on his/her confirmation of coverage, before any remaining eligible medical expenses are reimbursed under this policy.

**Dependent** means:

- a) The spouse of an *insured person* living in Canada (but excluding those legally separated), under the age of seventy (70).
- b) Unmarried children, step-children, foster children and legally adopted children, who are dependent on the *insured person* for support, provided that such children are:
  - not less than fifteen (15) days old;
  - not more than eighteen (18) years old; or
  - twenty-four (24) years old or less provided it can be proven that the *dependent* is continuing in full-time education and is dependent on the insured for support.

**Effective date** means the date which the coverage under this policy begins, as specified on the confirmation of coverage.

**Home Country** means the country for which the *insured person* holds a passport. Where the *insured person* holds more than one passport, the *home country* will be taken to mean the country that the *insured person* has declared on the application form. Where a family is to be covered by the policy, there will be deemed to be one *home country* for the family, which will be the *home country* declared on the application form.

**Insured Person/You/Your** means an eligible person as defined in the Eligibility section of this application.

**Medical treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. *Medical treatment* includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the injury or sickness or symptom.

**IMPORTANT:** Any reference to testing, tests, test results, or investigations excludes genetic tests. "Genetic test" means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

**Minor ailment** means any condition which:

- does not require the use of medication for a period of greater than fifteen (15) days; and
- more than one follow-up visit to a registered practitioner, hospitalization, surgical intervention or referral to specialist; and
- which ends at least thirty (30) consecutive days prior to the *effective date* of coverage.

However, a chronic condition or complications of a chronic condition are not considered a *minor ailment*.

## SECTION 6 DECLARATION AND AUTHORIZATION

### PLEASE READ, SIGN, AND DATE AT THE BOTTOM.

I acknowledge that I have met all the eligibility requirements under Section 1 and the answers I have provided are truthful and accurate.

I understand that the application constitutes part of the contract provided by the insurer and acknowledge that any inaccuracies on this application or any misrepresentations or non-disclosure of medical status will result in non-payment of a claim, and at the option of the insurer, may render coverage null and void.

I understand that I must read the policy which details the terms and conditions of coverage including limitations and exclusions, prior to my *effective date* and, if I have questions, I will contact my broker or The Destination: Travel Group Inc.

Medical Authorization in Case of Claim – I understand that Manulife and Global Excel Management may investigate my claim. By signing this application, I 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 or examined me or who has knowledge or records of me or my health, to furnish to The Destination: Travel Group Inc. / Manulife and to Global Excel Management any or all information with respect to any illness, injury, medical history (excludes genetic tests which analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis), consultations, medicines or treatment and copies of all hospital and/or medical records for the purpose of investigating my claim.

My personal information is also collected for the purpose of providing insurance services, claims and payments. I understand I must read the Privacy Information Notice contained in the policy document for further details.

\_\_\_\_\_  
Primary applicant signature on behalf of applicant(s)

\_\_\_\_\_  
Application Date (dd/mm/yy)



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This plan is managed by The Destination: Travel Group Inc. and underwritten by The Manufacturers Life Insurance Company (Manulife). Manulife has appointed Active Claims Management (2018) Inc., operating as "Active Care Management", "ACM" "Global Excel Management" and/or "Global Excel" as the provider of all assistance and claims services under this policy.