



# Destination: Expat Essential Plan

Medical Insurance for Canadians working or living abroad  
**Effective July 1, 2024**

**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.**

## 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. A medical 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 sixty-five (65); or
- 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			Previous 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** the United States       Worldwide coverage **including** the United States

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

For example, a policy with an *effective date* : March 13, 2024, and an expiry date: June 20, 2024.  
 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>A</b>

**Deductible Options**     \$250 (-7%)     \$500 (-12%)     \$1,000 (-16%)     \$5,000\* (-27%)    -    %

\* Minimum premium of 12 weeks applies (One year = 52 weeks)      **Total Premium = \$**      **B**

**SECTION 4 PAYMENT**

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

Cheques must be mailed to **The Destination: Travel Group Inc.** at  
 304 - 155 Gordon Baker Rd, Toronto, ON M2H 3N5 along with *your* application form.

Cardholder's Name	Cardholder's Phone Number (      )
Signature of Cardholder	X

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

**\* 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)	X

**BROKER / AGENCY INFORMATION (BROKER USE ONLY)**

Broker ID 51111728	Broker Name	Special Benefits Insurance Services 860-20 Toronto St Toronto ON M5C 2B8	(P) 1-800-667-0429 or 416-601-0429 (F) 1-416-601-0308 (E) general@sbis.ca
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**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 sixty-five (65).
- 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:

- a) does not require the use of medication for a period of greater than fifteen (15) days; and
- b) 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 and, if in doubt, I consulted my physician.

I understand that the application constitutes part of the contract provided by the insurer and acknowledge that 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 if my health status changes prior to my *effective date*, which makes me no longer eligible for this policy, I must contact The Destination: Travel Group Inc. immediately and upon submission of proof of ineligibility, I will receive a full refund.

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 **The Destination: Travel Group Inc.**

Medical Authorization in Case of Claim – I understand that Zurich Insurance Company Ltd and Zurich Travel Assist 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. / Zurich Insurance Company Ltd and Zurich Travel Assist 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.

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**Signature on behalf of applicant(s)**

**Date (dd/mm/yy)**

## SECTION 7 PRIVACY CONSENT NOTICE

By submitting the requested information, which may include, but is not limited to, name, address, date of birth, driver's licence number, medical information, financial information, driving record, automobile insurance policy history, and automobile insurance claims history, you are providing consent to Zurich Insurance Company Ltd and its subsidiaries and affiliates located in *your* country of residency or abroad (collectively, "Zurich"), for the collection, storage, use, disclosure, and processing of your personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to, risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. You are also providing consent to Zurich for the disclosure of *your* personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services ("Third Parties"). If *your* policy is being arranged by a broker or an agent, *you* authorize Zurich to collect, store, Zurich is committed to protecting the privacy and confidentiality of information provided. *Your* personal information may be processed by and is securely stored within the offices of Zurich and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is Zurich may retain *your* personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich's legal and regulatory obligations, resolve disputes, and enforce Zurich's agreements. *You* may request to review the personal information Zurich maintains about *you* and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing [privacy.zurich.canada@zurich.com](mailto:privacy.zurich.canada@zurich.com).

*You* may refuse to consent or withdraw *your* consent to the collection, storage, use, disclosure or processing of *your* personal information; however, *your* refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits payable under *your* Policy.

Please contact the Zurich Privacy Officer if *you* require further information regarding the collection, use, disclosure, processing and storage of *your* personal information or if *you* have any complaints via email at [privacy.zurich.canada@zurich.com](mailto:privacy.zurich.canada@zurich.com). *You* can also review our Privacy Policy at <https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement>.

For the purpose of the Insurance Companies Act (Canada), this document was issued in the course of Zurich Insurance Company Ltd's insurance business in Canada.



• - Trademark of Zurich Insurance Company Ltd  
• - Marque déposée de Zurich Compagnie d'Assurances SA

This plan is managed by The Destination: Travel Group Inc. and underwritten by Zurich Insurance Company Ltd (Canadian Branch). Zurich has appointed World Travel Protection operating as "Zurich Travel Assist", as the provider of all assistance and claims services under this policy.



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Insurance Association of Canada (THiA) want you to know your rights. THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

- Know your health
- Know your trip
- Know your policy
- Know your rights

For more information, go to [www.thiaonline.com](http://www.thiaonline.com)