



TRAVELSTAR® TRAVEL INSURANCE Group Application

A group TravelStar Plan is for organized groups of five or more individuals, to a maximum of 35 people, including but not limited to teams, member organizations (Girl Guides Canada, Scouts, etc.), corporations, schools or churches. Group coverage is only available through a Single-Trip Emergency Medical and/or Single-Trip Trip Cancellation Plan. The maximum trip length for a group Single-Trip Emergency Medical Plan is 21 days. Applicants must be 59 years of age or younger. If any applicants are under the age of 16, their parent or guardian must fill out a Declaration & Consent Form.

Section A. Applicant Information

Group Name	Group Type (team, organization, school, etc.)	TC	
Group Contact Name			
Address	City	Province	Postal Code
Phone ()			
Would you like GMS to call and confirm coverage is in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email <input type="checkbox"/> Yes, I would like to receive emails about special offers, promotions and opportunities to provide feedback about GMS products and services.			

Section B. Single-Trip Emergency Medical Premium Calculation

A 15% smoking surcharge will be applied for applicants 18 years of age or older who have used tobacco/tobacco products in the last 24 months.

Age	Number of Insured Persons	Number of Days	Daily Rate (based on a \$0 deductible)	Premium (Number of Insured Persons x Number of Days x Daily Rate)
Under 18			\$2.57	
18 - 34			\$2.87	
35 - 54			\$3.18	
55 - 59			\$3.93	
Smoking Surcharge (Use this section to calculate the premium for applicants who have used tobacco or tobacco products in the last 24 months)				
Under 18			\$2.96	
18 - 34			\$3.30	
35 - 54			\$3.66	
55 - 59			\$4.52	
Total Premium†				\$

†A minimum premium of \$20 will apply. Above rates are based on a \$0 deductible

Section C. Single-Trip Trip Cancellation & Interruption Premium Calculation

Age	Number of Insured Persons	Sum Insured*					Premium (Number of Insured Persons x Sum Insured Rate)
		\$0 - \$700	\$701 - 1,400	\$1,401 - 2,100	\$2,101 - \$2,800	\$2,801 - \$3,500	
Under 18		\$40	\$66	\$95	\$122	\$148	
18 - 34		\$41	\$68	\$96	\$130	\$150	
35 - 54		\$44	\$68	\$97	\$133	\$152	
55 - 59		\$47	\$68	\$99	\$133	\$154	
(Ontario residents 8%, Manitoba residents 7%, Newfoundland & Labrador residents 15%) RST (Saskatchewan residents 6%) PST							
*Sum Insured (trip value) must be the same for all Insured Persons							
Total Premium							\$

Section D. Payment

Total Premium			
Section B. Total Premium \$ _____ + Section C. Total Premium \$ _____ = Total \$ _____			
Please select your payment method: <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Cardholder Name	Credit Card Number	Expiry Date (MM/YY)
Signature X			

Coverage will be effective upon GMS' approval of the application and receipt of the appropriate premium. If an adjustment has been made to your policy and you are not fully satisfied, you will have 10 days form confirmation to obtain a refund, provided you have not travelled under this policy.

E. Group Members (List all group members, maximum of 35 members)					
First Name	Last Name	Province of Residence	Date of Birth (DD/MM/YYYY)	Age	Used tobacco in the last 24 months?
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
18.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
19.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
21.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
24.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
25.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
26.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
28.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
29.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
30.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
31.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
32.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
34.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
35.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Section F. Single-Trip Emergency Medical Plan - Trip Details & Eligibility

Departure Date (DD/MM/YYYY)	Return Date (DD/MM/YYYY)	Number of Days	Destination
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Single-Trip Emergency Medical Plan Eligibility

You (“you” and “yours” refers to any person who is eligible for coverage) are not eligible to purchase emergency medical coverage if you:

- are 60 years of age or older;
- are awaiting tests or *medical treatment* for a heart condition;
- have a surgically untreated vascular aneurysm;
- have been diagnosed with Congestive Heart Failure (CHF);
- have an Implantable Cardioverter Defibrillator (ICD);
- were diagnosed; received new *medical treatment* (e.g. consultation, tests or *prescription drugs*); or had a change in *your medical treatment* (e.g. a stop, start or dosage change to a *prescription drug*, other than a dosage change of Coumadin or Warfarin) for, any of the following heart or vascular conditions in the last 12 months:
 - heart transplant;
 - atrial flutter;
 - atrial/ventricular fibrillation;
 - peripheral vascular disease;
 - stroke/TIA; or
 - blood clots;
- have diabetes that is treated with insulin and take prescription medication for a heart condition (excluding medication to treat high cholesterol or high blood pressure);
- use home oxygen or take an oral steroid to treat a lung condition;
- are currently being treated for cancer, excluding breast or prostate cancer treated exclusively with hormone therapy;
- were diagnosed; received new *medical treatment* (e.g. consultation, tests or *prescription drugs*); or had a change in *your medical treatment* (e.g. a stop, start or dosage change to a *prescription drug*) for, any of the following conditions in the last 12 months:
 - liver failure;
 - GI bleed;
 - AIDS; or
 - terminal illness;
- have had any of the following procedures in the last 12 months:
 - kidney dialysis;
 - valve surgery or replacement; and/or
 - organ, stem cell and/or bone marrow transplant;
- require assistance from another person(s) with *activities of daily living* (ADL) if you are 70 years of age or older;
- are not a *Canadian resident* with a valid *provincial/territorial government health plan*;
- have not purchased prior to departing on *your trip*; and
- are travelling for more than a total of 21 days.

I hereby warrant that everyone listed in Section E. is eligible for coverage under this plan: ☐ Yes

Coverage is limited to \$5 million per member. Benefits, eligibility criteria (including the 180 day stability clause) exclusions, and specific conditions apply. Refer to the TravelStar® policy wording for full details.

Section G. Single-Trip Trip Cancellation Plan - Trip Information & Eligibility

Departure Date (DD/MM/YYYY)	Return Date (DD/MM/YYYY)	Sum Insured Per Traveller* \$	Destination
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*The Sum Insured (trip value) selected will be the same for all insured persons. The maximum Sum Insured is \$3,500 per person).

Single-Trip Trip Cancellation & Interruption Plan Eligibility

You (“you” and “your” refers to any person listed on this application) are NOT eligible for coverage if:

- you are not a *Canadian resident* with a valid *provincial/territorial government health plan*;
- you purchased the plan after *your departure date*;
- your trip* is to a country, region, city, or other destination (including cruise ships) with an “Avoid non-essential travel” or “Avoid all travel” advisory from the Canadian government in effect at: a) the time of purchase if purchasing a Single-Trip Plan; or b) the time of booking if purchasing a Multi-Trip Annual Plan;
- your trip* is valued at more than \$20,000 if you are purchasing a Single-Trip Plan; and
- your trip* is valued at \$12,000 or more per person and you do not meet the Single-Trip Emergency Medical Plan eligibility requirements, regardless of your age, as outlined in section F.

I hereby warrant that everyone listed in Section E. is eligible for coverage under this plan: ☐ Yes

Coverage is limited to the Sum Insured (trip value) selected per person. All plans include an additional \$10,000 of coverage for trip interruption. Benefits, eligibility criteria, exclusions (including the 180 day stability clause) and other specific conditions apply. Refer to the TravelStar policy wording for full details.

Section H. Declaration

I affirm that I have authority to act on behalf of myself and all other persons listed on the application. I confirm the following declarations and authorizations on behalf of all listed persons. I agree that my electronic signature in this agreement has the same legal effect as handwritten signatures. Electronic signatures include any information in electronic form that a party has created or adopted in order to sign a document and that is in, attached to, or associated with the document, including signatures sent by fax or email.

It is understood and agreed that:

1. All statements made in the application are true and complete.
2. Any misrepresentation of, or incorrect or concealed information, may void the coverage.
3. Changes in health after applying must be reported to GMS and may affect eligibility for coverage or require an increase in premium.
4. Government health plan coverage must be in force and maintained throughout the duration of the plan.
5. Medical conditions must be stable for 180 days prior to your:
 - a. departure date for coverage to be provided for the medical condition, if purchasing Emergency Medical Coverage; or
 - b. purchase date to be covered for a cancellation or interruption, if purchasing Trip Cancellation Coverage.
6. If purchasing Trip Cancellation Coverage, any expenses related to events or situations you are aware of that might cause you to cancel your trip before you purchase, will not be covered.
7. For the purpose of administering the policy and/or verifying eligibility for benefits, authorization is provided for:
 - a. any physician, health care provider, other person, hospital or institution to release information to GMS and/or its authorized agents, representatives or affiliates concerning medical history, symptoms, treatment, examinations, diagnoses and/or services rendered; and
 - b. GMS may collect, store and use any personal information provided or disclose such personal information to a government health plan; any hospital, clinic or other health facility; a doctor or other health care provider; any insurance company; any other service provider or third party reasonably required to administer the policy in accordance with the GMS privacy policy available at www.gms.ca/privacy-policy.

I agree that my electronic signature in this agreement has the same legal effect as handwritten signatures. Electronic signatures include any information in electronic form that a party has created or adopted in order to sign a document and that is in, attached to, or associated with the document, including signatures sent by fax or email.

Signature of Applicant/Group Contact

Date (DD/MM/YYYY)

X

Section I. For Agent Use Only

The undersigned hereby confirms that appropriate disclosure, as set out in the Canadian Council of Insurance Regulators: Advisor Disclosure document, has been made to the client regarding: (a) the company or companies represented; (b) that a commission is received for sale of this insurance product; (c) that additional compensation may be received in the form of bonuses; and (d) any conflict of interest with respect to this transaction.

Agent Signature

X

Agent #1

Agent #2

Split

A1% / A2%

For Office Use Only: Effective Date

DD/MM/YYYY

GMS #