



À votre service...pour le soin de votre avenir.

THE RETIRED TEACHERS OF ONTARIO

LES ENSEIGNANTES ET ENSEIGNANTS
RETRAITÉS DE L'ONTARIO

Here for you now ... Here for your future.

18 Spadina Road, Suite 300, Toronto ON M5R 2S7

You **MUST** complete and sign
the other side of this form.

Application for Supplemental Travel Plan (Out-of-Province/Canada emergency medical coverage)

1 – Member Information

Personal Information (Please print)

GENDER M F

I AM ENROLLED IN RTO/ERO EXTENDED HEALTH CARE Yes No

LAST NAME

FIRST NAME

ADDRESS - STREET/BOX/R.R.

APT. NO.

CITY

PROVINCE

POSTAL CODE

TELEPHONE

E-MAIL

DATE OF BIRTH

DAY

MONTH

YEAR

CERTIFICATE NUMBER

PROVINCIAL HEALTH CARD NUMBER

2 – Spousal/Partner/Dependent Information

SPOUSE'S/PARTNER'S LAST NAME

SPOUSE'S/PARTNER'S FIRST NAME

PROVINCIAL HEALTH CARD NUMBER

DATE OF BIRTH

DAY

MONTH

YEAR

DEPENDENT'S LAST NAME

DEPENDENT'S FIRST NAME

PROVINCIAL HEALTH CARD NUMBER

DATE OF BIRTH

DAY

MONTH

YEAR

You **MUST** complete and sign the other side of this form.

RATE SHEET ENCLOSED

3 – Trip Information – Must be completed for coverage to be in force.

DEPARTURE DATE FROM YOUR PROVINCE OF RESIDENCE DAY MONTH YEAR	RETURN DATE TO YOUR PROVINCE OF RESIDENCE DAY MONTH YEAR	TOTAL NO. OF DAYS
TRIP DESTINATION – COUNTRY		
STATE		CITY

4 – Coverage Required

- If you (the participant) are younger than your spouse, purchase the couple coverage and receive the rate applicable to your age.
- If you (the participant) are older than your spouse, then you and your spouse each apply for single coverage and receive the rate applicable to your respective age.

a) I would like to apply for:

SINGLE

COUPLE

FAMILY

b) My spouse would like to apply for:

SINGLE COVERAGE

Please indicate duration at right.

TRAVEL DAYS			
EHC BASE PLAN	SUPPLEMENTAL PLAN	TOTAL TRIP DURATION	PLEASE ✓
62	5	67	<input type="checkbox"/>
62	15	77	<input type="checkbox"/>
62	30	92	<input type="checkbox"/>
62	45	107	<input type="checkbox"/>
62	60	122	<input type="checkbox"/>
62	75	137	<input type="checkbox"/>
62	90	152	<input type="checkbox"/>
62	105	167	<input type="checkbox"/>
62	120	182	<input type="checkbox"/>
62	135*	197*	<input type="checkbox"/>
62	150*	212*	<input type="checkbox"/>

* The availability of the Supplemental Travel Trip Options is subject to provincial residency requirements; currently these options are available only to Ontario, and Newfoundland and Labrador residents. For all other provinces the maximum duration is 182 days.

5 – Agreements and Authorizations – Please read and sign below

- I understand that I must be a member of RTO/ERO and a participant in the RTO/ERO Extended Health Care plan, and that my/our provincial government health care coverage is in effect for the duration of my/our trip, to enrol in the Supplemental Travel Plan.
- I hereby apply for coverage under the RTO/ERO Supplemental Travel Plan and authorize the deduction and remittance of premiums from Ontario Teachers' Pension Plan (OTPP) pension and/or bank account (where applicable) for my contribution toward the cost of this benefit contract. I agree that my premiums will be deducted in equal monthly deductions from my pension/bank account until the last deduction date in the policy year, which is July. I also understand that unless I advise Johnson Inc. 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 renewal before the beginning of each subsequent policy year, which is September 1.
- I understand that coverage will begin on the day specified on my completed application providing it is received by Johnson Inc. before the expiration (62nd day) of the Out-of-Province/Canada benefit provided under the RTO/ERO Extended Health Care Plan.
- I consent to the collection, use and disclosure of any information required to administer the Program as outlined in the Privacy Statement contained in my RTO/ERO Insurance Plans Booklet.
- I authorize the use of my Social Insurance Number for tax reporting and identification purposes.

SIGNATURE OF MEMBER

DAY MONTH YEAR

SIGNATURE OF SPOUSE

DAY MONTH YEAR

PLEASE RETURN IN THE ENCLOSED ENVELOPE TO:

Plan Benefits Service, Johnson Inc., 18 Spadina Road, Suite 100, Toronto ON M5R 2S7



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Supplemental Travel Plan Rates

Rates Effective: September 1, 2013 to August 31, 2014

Single Premium**

EHC Base Plan (Days)	Supplemental Travel Plan (Days)	Total Trip Duration (Days)	Age							
			Under 55	55-59	60-64	65-69	70-74	75-79	80-84	85 and Over
62	5	67	\$ 11	\$ 14	\$ 22	\$ 30	\$ 39	\$ 66	\$ 107	\$ 144
62	15	77	37	49	73	101	133	225	364	486
62	30	92	79	103	156	216	286	477	777	1,034
62	45	107	140	185	280	387	512	852	1,392	1,843
62	60	122	201	268	407	568	746	1,236	2,028	2,672
62	75	137	259	347	530	742	976	1,608	2,644	3,468
62	90	152	318	429	658	924	1,210	1,989	3,279	4,284
62	105	167	377	511	789	1,113	1,455	2,379	3,933	5,117
62	120	182	437	597	922	1,307	1,707	2,777	4,605	5,967
62	135*	197*	497	684	1,060	1,508	1,964	3,186	5,296	6,835
62	150*	212*	558	774	1,201	1,716	2,231	3,604	6,007	7,723

Couple Premium**

EHC Base Plan (Days)	Supplemental Travel Plan (Days)	Total Trip Duration (Days)	Age							
			Under 55	55-59	60-64	65-69	70-74	75-79	80-84	85 and Over
62	5	67	\$ 22	\$ 28	\$ 44	\$ 60	\$ 78	\$ 132	\$ 214	\$ 288
62	15	77	74	98	146	202	266	450	728	972
62	30	92	158	206	312	432	572	954	1,554	2,068
62	45	107	280	370	560	774	1,024	1,704	2,784	3,686
62	60	122	402	536	814	1,136	1,492	2,472	4,056	5,344
62	75	137	518	694	1,060	1,484	1,952	3,216	5,288	6,936
62	90	152	636	858	1,316	1,848	2,420	3,978	6,558	8,568
62	105	167	754	1,022	1,578	2,226	2,910	4,758	7,866	10,234
62	120	182	874	1,194	1,844	2,614	3,414	5,554	9,210	11,934
62	135*	197*	994	1,368	2,120	3,016	3,928	6,372	10,592	13,670
62	150*	212*	1,116	1,548	2,402	3,432	4,462	7,208	12,014	15,446

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** Retail Sales Tax will be added to these premium rates, where required by law; 8% for Ontario residents and 9% for Quebec residents.

Please contact Plan Benefits Service, Johnson Inc.
at 1-877-406-9007 for Family rates or any other questions.