



# Supplemental Travel Plan Application

(Out-of-Province/Canada emergency medical coverage)

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

### MEMBER INFORMATION (Please print all information):

Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		I AM ENROLLED IN RTO/ERO EXTENDED HEALTH CARE <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name:			
First name:		Middle name:	
Address – Street/Box/R.R.:			Apt #:
City:		Province:	Postal code:
Home phone:		Mobile phone:	
Email:		Date of birth:   DD   MM   YYYY	
Certificate number:		Provincial Health Card number:	

### SPOUSE/PARTNER:

Last name:	First name:
Date of birth:   DD   MM   YYYY	Health card number

### DEPENDENT:

Last name:	First name:
Date of birth:   DD   MM   YYYY	Health card number

### TRIP INFORMATION – MUST BE COMPLETED FOR COVERAGE TO BE IN FORCE

Departure date from your province of residence   DD   MM   YYYY		
Return date to your Province of residence   DD   MM   YYYY		Total no. of days
Trip destination – Country	State	City

### GROUP INSURANCE BENEFITS

Extended Health Care, Dental, Semi-Private Hospital and Convalescent Care are insured by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, under a group insurance policy bearing contract numbers 141000, 141001, 141002, 141003.

Trip Cancellation, Interruption/Delay Benefits are underwritten by CUMIS General Insurance Company and administered by Allianz Global Assistance, under a group insurance policy bearing contract number FC310039. Allianz Global Assistance is a registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd. Each insurer is legally and financially responsible only for the payment of the benefits, which they each insure.

References to the “Insurers” in the Privacy Statement, set out on the next page, are to both Sun Life Assurance Company of Canada and CUMIS General Insurance Company.

**YOU MUST COMPLETE AND SIGN THE OTHER SIDE OF THIS FORM. RATE SHEET ENCLOSED.**

**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.

		TRAVEL DAYS			
		EHC BASE PLAN	SUPPLEMENTAL PLAN	TOTAL TRIP DURATION	PLEASE ✓
a) I would like to apply for:	<input type="checkbox"/> SINGLE	93	5	98	<input type="checkbox"/>
	<input type="checkbox"/> COUPLE	93	14	107	<input type="checkbox"/>
	<input type="checkbox"/> FAMILY	93	29	122	<input type="checkbox"/>
b) My spouse would like to apply for:		93	44	137	<input type="checkbox"/>
	<input type="checkbox"/> SINGLE COVERAGE	93	59	152	<input type="checkbox"/>
		93	74	167	<input type="checkbox"/>
		93	89	182	<input type="checkbox"/>
		93	104*	197*	<input type="checkbox"/>
		93	119*	212*	<input type="checkbox"/>

**Please indicate trip duration at right.**

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

**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 (93rd 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: \_\_\_\_\_ Date: |    |    |    |  
DD                      MM                      YYYY

Signature of spouse/partner (if applicable): \_\_\_\_\_ Date: |    |    |    |  
DD                      MM                      YYYY

**PRIVACY STATEMENT**

I am authorized to disclose information about my spouse/partner and dependents for the purposes of determining their eligibility for coverage and enrolling them in RTO/ERO Group Insurance Benefits, including the related referral services. I authorize Johnson Inc. (Administrator and Claims Payor), the Insurers, Best Doctors, the Eldercare Select Provider (First Health Care), the Travel Assistance Provider (Allianz Global Assistance), as well as their agents and service providers, to collect, use and disclose relevant information about me, my spouse/partner and dependents needed for the purposes of enrolment, underwriting, adjudicating claims and the ongoing administration of the RTO/ERO Group Insurance Benefits and RTO/ERO Master Policies, including the related referral services, with each other, RTO/ERO and any other applicable parties.

**PLEASE RETURN IN THE ENCLOSED ENVELOPE TO:**

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