



**Out-of-Province/Canada Travel Medical Emergency Insurance Application
New Small Group (1-5)**

Agent Name: _____

CLIENT ACCOUNT INFORMATION

Legal Company Name		
Nature of Business:	Total # of Enrollees:	
Payment Frequency, Annually <small>Annual Payments will be processed on the plan effective date, and on each subsequent renewal date. Changes to the number of plan members will be billed or credited accordingly.</small>	Effective Date:	Renewal Date:
	____ / <u>01</u> / ____ <small>mm dd yyyy</small>	____ / <u>01</u> / ____ <small>mm dd yyyy</small>
<small>If this application is not completed to Olympia Trust's standards, the effective date will be adjusted accordingly.</small>		

Fee Schedule

Employee Age Categories	Employee Family Status	# of Enrollees within		Annual Rate		Annual Fee	
0 – 54	No dependants		x	\$85.20	=	\$	+
	1 or more dependants		x	\$110.40	=	\$	+
55 – 64	No dependants		x	\$135.60	=	\$	+
	1 or more dependants		x	\$180.00	=	\$	+
Total Annual Fee:						\$	=

Travel Medical Emergency Insurance Terms

The applicant hereby requests that Expert Travel Financial Security (E.T.F.S.) Inc. issue a non-participating Group Travel Medical Emergency Insurance policy based on the statements and representations stated herein. Furthermore, the applicant hereby declares that, to the best of the applicant's knowledge, the statements and answers contained herein are complete and true as of the date hereof and agrees that such statements and answers shall constitute the application for and form part of the contract and that the insurance shall become effective in accordance with and subject to the terms and conditions of the policy to be issued to the applicant but in no case shall it become effective until the application has been approved by the Insurer. The applicant further agrees that no statement in this application shall be binding upon Expert Travel Financial Security (E.T.F.S.) Inc. nor modify the aforesaid company's rights. In case of errors or omissions discovered by the Insurer in this application, the Insurer is hereby authorized to amend this application by noting the changes. Acceptance by the applicant of the policy accompanied by a copy of the amendments shall constitute a ratification of such corrections and modifications. Enrollees in the Travel Medical Emergency Insurance must maintain a work-week of 24 hours or more in order to qualify for coverage. Any common-law spouses listed must have been in cohabitation with the applicable employee for the last 12 consecutive months. It is the responsibility of the applicant to notify the group members of the termination of coverage in the event that the Group Travel Medical Emergency Insurance is cancelled at any time by the applicant, Olympia Trust, or the Insurer. Coverage will be considered a 'standing-order', if cancellation is desired the applicant **must** inform Olympia Trust

Addition to Employer Administrative Services Agreement with Olympia Trust Company

By initialing below, I acknowledge that I am authorized to bind the company named above and I agree that this Out-of-Province/Canada Travel Medical Emergency Insurance Application form and the fees outlined herein will become part of the Group Application form and the Administrative Services Agreement therein as fully as if it were stated at length over my signature on said Application and Administrative Services Agreement.

Employer Initials: _____

Acknowledgement and Acceptance for **Olympia Trust Company** by: _____

Schedule of Benefits Group of 1 - 5 Employees

Olympia Trust Company

Policyholder Name

39675974

Policy Number

This booklet contains further clauses which may limit coverage. Please read all the benefit description pages carefully. Please note that all dollar amounts are expressed in Canadian Currency

Overall Maximum per Insured Person	\$5,000,000 per Coverage Period
*Description of Classes	All eligible active employees under age 65
Work hours required	A minimum of 24 hours per week
Eligibility Period	3 continuous months of employment
*Termination Age	65 or earlier retirement
Common Law Spouse Cohabitation Period	Continuous cohabitation: Last 12 months
Age Limits for Dependent Children	Under age 21, or under age 25 if a full-time student at a recognized educational institution
*Pre-existing Condition Stability Period	6 months
Coverage Period	30 days per Trip

BENEFIT SUMMARY

Hospital Accommodation	Reasonable & Customary Costs
Physician Charges	Reasonable & Customary Costs
Diagnostic Services	Reasonable & Customary Costs
Paramedical Services	\$250 per Profession
Prescription Drugs	30-day supply per Prescription
Ambulance Services	Reasonable & Customary Costs
Medical Appliances	Reasonable & Customary Costs
Private Duty Nurse	Up to \$5,000
Emergency Air Transportation	Reasonable & Customary Costs
Transportation to Bedside	Economy Round-trip Airfare plus up to \$150 per day to \$3,000
Return of Traveling Companion	One-way Airfare
Treatment of Dental Accidents	Up to \$2,000
Meals and Accommodation	Up to \$150 per day, to \$3,000 per trip
Vehicle Return	Up to \$5,000
Return of Deceased	Up to \$5,000
Incidental Expenses	Up to \$250