

Supplemental Travel Plan Application Form

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

MEMBER INFORMATION (Please print all information):

Certificate number:	I AM ENROLLED IN RTOERO 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:			

SPOUSE/PARTNER:

Last name:	First name:
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DEPENDENT:

Last name:	First name:
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TRIP INFORMATION – MUST BE COMPLETED FOR COVERAGE TO BE IN FORCE

Departure date from your province of residence or territory	DD	MM	YYYY	
Return date to your province of residence or territory	DD	MM	YYYY	Total no. of days

COVERAGE SELECTION

- 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 the following coverage:

SINGLE

COUPLE

FAMILY

b) My spouse would like to apply for the following coverage:

SINGLE

Please select your trip duration at right.

TRAVEL DAYS			
EHC BASE TRAVEL PLAN	SUPPLEMENTAL PLAN	TOTAL TRIP DURATION	PLEASE ✓
93	5	98	<input type="checkbox"/>
93	14	107	<input type="checkbox"/>
93	29	122	<input type="checkbox"/>
93	44	137	<input type="checkbox"/>
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"/>

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

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

TRAVEL INSURANCE BENEFITS

This insurance product is underwritten by Royal & Sun Alliance Insurance Company of Canada. Johnson Insurance is a tradename of Johnson Inc. ("Johnson"), a licensed insurance intermediary, and operates as Johnson Insurance Services in BC and Johnson Inc. in MB. This travel insurance product is administered by Johnson. Johnson and Royal & Sun Alliance Insurance Company of Canada share common ownership. Global Excel Management Inc. is the company appointed by Royal & Sun Alliance Insurance Company of Canada to provide medical assistance and claims services for Group Travel Insurance.

Insurer Contact Information:

Royal & Sun Alliance Insurance Company of Canada
1.888.877.1710
www.rsagroup.ca

AGREEMENTS AND AUTHORIZATIONS – PLEASE READ AND SIGN BELOW

- I understand that I must be a Canadian resident and member of RTOERO and a participant in the Entente 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 RTOERO 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 automatically renew 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 Group Travel Insurance coverage provided under the Entente 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 Entente Group Insurance Program Booklet.
- A PRE-EXISTING MEDICAL CONDITION EXCLUSION may apply to medical conditions and/or symptoms that existed prior to my trip. I understand that any medical condition I have, will be subject to the Pre-Existing Medical Condition Exclusions. I will refer to my RTOERO Travel Plan for the complete list of Exclusions and Limitations.
- I understand the necessity of calling to obtain approval before seeking medical attention in case of a claim or medical emergency. The toll free telephone number can be found on my wallet card and in my insurance policy.

Signature of member:

Date: |

DD

MM

YYYY

Signature of spouse/partner (if applicable):

Date: |

DD

MM

YYYY

PRIVACY STATEMENT

Royal & Sun Alliance Insurance Company of Canada may collect, use, and disclose your personal information (including to and from your broker, its affiliates and service providers and organizations that may have referred you, and professional associations of which you may be a member) for purposes of quoting a premium, policy administration, improving customer experience, administering referral arrangements, and for other lawful purposes described in our Privacy Policy. For a copy of this document, please see: <https://www.rsagroup.ca/your-privacy/privacy-policy>.

PLEASE RETURN TO:

Group Benefits Service, Johnson Inc.
PO Box 4408 STN A
Toronto ON M5W 3V7

healthbenefits@johnson.ca | 1-877-406-9007 (toll free) | 1-866-554-4350 (fax)