Entente Plus+

Supplemental Travel Plan Application

You MUST be enrolled in the Entente Plus Extended Health Care plan to apply.

Member information please print

Claiming ID #:		I am enrolled in Entente Plus Extended Health Care:	Yes ☐ No ☐
Last name:			
First name:		Middle name:	
Home phone:		Cell phone:	
Email:			

Spouse/Partner (if applicable)

First name:		Last name:	

Dependent(s):

First name:		Last name:	
First name:		Last name:	
First name:		Last name:	

Trip information – must be completed for coverage to be in force

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

Coverage selection

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 select**
93	5	98	
93	14	107	
93	29	122	
93	44	137	
93	59	152	
93	74	167	
93	89	182	
93	104*	197*	
93	119*	212*	

*The availability of the Supplemental Travel Trip Options is subject to provincial residency requirements.
** EHC - Extended Health Care

Travel insurance benefits

This insurance product is underwritten by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company, operating collectively as Securian Canada (the "Insurer"). This travel insurance is administered by the Entente Plus Group Insurance Program's delegated third-party administrator. Global Excel Management Inc. is the company appointed by Entente Plus Group Insurance Program to provide medical assistance and claims services for the Entente Plus Travel Plan.

Agreements and authorizations – Please read and sign

a) I understand that I must be a Canadian resident and member of Entente Education Canada or a participating organization offering Entente Plus to its members and a participant in the Entente Plus Extended Health Care plan, and that my/our provincial government health care coverage is in effect for the duration of my/our trip, to apply for coverage under the Supplemental Travel Plan.

b) I hereby apply for coverage under the Entente Plus Supplemental Travel Plan and authorize the deduction and remittance of premiums from Ontario Teachers' Pension Plan (OTPP) pension and/or bank account for my contribution toward the cost of this benefit contract. I agree that my premiums will be deducted from my pension/bank account until the last deduction date in the policy year, which is July.

c) I understand that coverage will begin on the day specified on my completed application providing it is received by Entente Plus before the expiration (93rd day) of the Group Travel Insurance coverage provided under the Entente Plus Extended Health Care Plan.

d) I consent to the collection, use and disclosure of any information required to administer the Program as outlined in the Privacy Statement set out below and contained in my Entente Plus Group Insurance Program Booklet.

e) 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 Entente Plus Group Insurance Program Booklet for the complete list of Exclusions and Limitations.

f) 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 card and in my insurance booklet.

Signature of member:		Date:	DD MM YYYY
Signature of spouse/partner (if applicable):		Date:	DD MM YYYY

Please return to: assistance@ententeplus.ca
toll free: 1-800-361-9888

Entente Plus Group Insurance Program
P.O. Box 1606,
Windsor, ON, N9A 6W1

Privacy statement

The Entente Plus Group Insurance Program ("Entente Plus," "we," "us" or "our") is owned and operated by Entente Education Canada. At Entente Plus, respecting and protecting the privacy and confidentiality of your personal information is a priority. In order to provide you with group benefits services, we need you to understand, and consent to, a few things. We may collect/receive from you or other parties and use, share, disclose and process your personal information and, if applicable, that of your spouse, children and other dependents (collectively, "you" or "your"), which may include name, age, claims history, email address, service providers that may have been used and banking information. We may do this for various purposes related to the group benefits services and to provide you other products and services, including but not limited to: benefits coordination with other carriers; administration and adjudication of claims; auditing, investigating, and taking steps connected to the prevention or suppression of suspected or proven improper or fraudulent claims; identity checks; billing and collection of premiums; medical underwriting; communication with other service providers, communication with third parties to confirm the accuracy of claims, provide contracted services, collecting information about services that are provided, analyzing data, including information on how you use our products and services, to help us make informed decisions and improve the products and services we offer; determining if there are other products and services that you might be interested in, and sending you details about them; compliance with applicable laws and regulations; and such other activities that a reasonable person would consider associated with the group benefits services.

In carrying-out these services, we may collect, receive, share or disclose your personal information with others outside of Entente Plus, including, but not limited to, service providers for: third party administration, claims adjudication and payment, medical second-opinion, travel assistance, contracted consultants, the delegated insurer and underwriter, and other third party service providers who assist us in providing the group benefits services to you with other related products and services, and such other third parties as may be appropriate or reasonably necessary in carrying out the services. Although sharing of personal information is inherently risky, we implement commercially-acceptable procedures to secure and protect your personal information using appropriate technological, physical and organizational measures designed to protect personal information. In the event of an unauthorized release by us of your personal information, we will notify you in accordance with applicable privacy laws. More information about our privacy practices is available in our Privacy Policy at www.ententeplus.ca/privacy-policy, which is a necessary and integral part of this privacy consent. We may from time to time revise our Privacy Policy to reflect changes in, for example, legislation or regulation, or as we introduce new features, products or services. The most current version of the policy will govern how we process your personal data and will always be available on www.ententeplus.ca. You can contact our Privacy Officer at privacy-officer@ententeplus.ca if you have a question or complaint.

By signing above, you are providing your consent to Entente Plus Group Insurance Program's collection, use and disclosure of your personal information as explained above, and you are acknowledging that you are authorized by your spouse, children and other dependents (if applicable) to disclose and receive their personal information, and to provide this privacy consent on their behalf. You agree that a photocopy, facsimile or electronic version of this consent will be as valid as the original. You can withdraw your consent at any time by providing notice in writing to Entente Plus at privacy-officer@ententeplus.ca, but, if you do so, Entente Plus will no longer be able to provide you with group benefits services.

Securian Canada is the brand name used by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company to do business in Canada. Policies are underwritten by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company.
For more information visit www.securiancanada.ca or call 1-844-894-0378.