

Visitors to Canada Plan

Eligibility

1. Coverage is NOT AVAILABLE to any individual who, as of their effective date:
 - a) has been diagnosed with a terminal illness; or
 - b) has been diagnosed with stage 3 or 4 cancer; or
 - c) has received treatment for any cancer (other than basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) in the past 3 months; or
 - d) requires assistance with activities of daily living.
2. To be eligible for coverage you must as of the effective date:
 - a) be at least 15 days old and not more than 89 years old; and
 - b) not be insured or eligible for benefits under a Canadian government health insurance plan; and
 - c) be in good health at the time you purchase your policy and on the date you exit your country of origin, and know of no reason to seek medical consultation during the period of coverage.

Summary of Coverage per insured person

The following benefits are included in the maximum sum insured selected.





Accidental Death & Dismemberment	up to the maximum sum insured
Accidental Dental	\$4,000
Ambulance Services	up to maximum sum insured
Chiropractor, Chiropodist, Osteopath, Physiotherapist, Acupuncturist	\$500 per practitioner
Cremation at Place of Death	\$4,000
Dental Emergency	\$500
Emergency Transportation	up to maximum sum insured
Emergency Hospital	up to sum insured
Emergency Medical (including follow-up visits) ...	up to maximum sum insured
Meals and Accommodation	up to \$150 per day and to a maximum of \$1,500
Out-of-pocket Expenses	up to \$1,500
Prescription Medication	\$1,000
Return Home	\$3,000
Return of Deceased	\$10,000
Terrorism	aggregate limit (refer to the policy)
Transportation of Relative or Friend	\$3,000

Important note

- Refer to the “Waiting period” section of the policy booklet to confirm if a 48-hour waiting period applies to sickness-related expenses.

When is a Medical Questionnaire Required?

Note: the medical questionnaire is optional.

Visitors to Canada (Super Visa requires 365 days and \$100,000 coverage)				Inpatriates to Canada	
AGE 0 – 59	AGE 60 – 79		AGE 80 – 89		AGE 0 – 59
NOT REQUIRED	Is client requesting coverage for pre-existing: <ul style="list-style-type: none"> • heart condition; • stroke or mini-stroke (TIA-transient ischemic attack); or • any other pre-existing condition not stable in the 180 days prior to the effective date 		Is client requesting coverage for any pre-existing condition?		NOT REQUIRED
Issue standard policy Client is covered for pre-existing conditions if stable for 90 days					Issue standard policy Client is covered for pre-existing conditions if stable for 90 days
	YES  Complete Detailed Medical Questionnaire form and submit to Allianz Global Assistance	NO Client is NOT covered for pre-existing Heart, Stroke/mini-stroke. Any other pre-existing condition is excluded if not stable 180 days prior to the effective date.	YES  Complete Detailed Medical Questionnaire form and submit to Allianz Global Assistance	NO Issue standard policy	 Complete Basic Medical Questionnaire through quicktic Qualify?
					YES Issue standard policy Client is covered for pre-existing conditions if stable for 180 days
					NO  Complete Detailed Medical Questionnaire form and submit to Allianz Global Assistance

Change in Health

Change in health means any change in prescription (stop, start, or change in type or dosage), any signs or symptoms, any investigations, any consultations or any treatments that occur after the date of application or date of purchase and prior to the date of departure.

If your client has a change in health prior to their departure date, they must contact you or Allianz Global Assistance.

If your client contacts you to report a change in health you must:

- confirm that they still meet the eligibility requirements;
- advise that the applicable exclusions, limitations and terms of the policy will continue to apply;
- advise that the condition may not be covered; and
- advise that they have the option of completing a medical questionnaire.

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Accidental Death & Dismemberment Included up to Maximum Sum Insured

AGES	0 – 25	26 – 34	35 – 39	40 – 54	55 – 59	60 – 64	65 – 69	70 – 74	75 – 79	80 – 84	85 – 89
\$20 Minimum Premium Per Policy											
Sum insured	Daily rate per person										
\$10,000	\$1.66	\$1.76	\$1.88	\$1.98	\$2.10	\$3.20	\$3.43	\$5.04	\$6.01	\$5.21	\$6.12
25,000	\$2.15	\$2.32	\$2.48	\$2.87	\$3.09	\$4.29	\$4.86	\$6.99	\$8.47	\$7.50	\$8.81
50,000	\$2.48	\$2.65	\$2.76	\$3.26	\$3.48	\$5.04	\$5.72	\$8.29	\$10.65	\$9.50	\$11.17
100,000	\$3.26	\$3.58	\$3.80	\$4.85	\$5.02	\$6.23	\$7.73	\$10.42	\$12.87	\$12.02	\$14.13
150,000	\$3.92	\$4.16	\$4.62	\$5.80	\$5.89	\$7.41	\$9.20	\$12.40	\$15.32	\$14.31	\$15.75
300,000	\$6.34	\$6.58	\$7.04	\$8.64	\$9.08	\$10.78	\$12.80	\$19.08	\$22.81	\$21.31	\$29.32

The premium for family coverage is calculated at two times the premium for the eldest adult age 59 and under.

For the Summary of Coverage and eligibility refer to page 45.

Important notes

- Use the applicant's age on the effective date.
- Maximum period of coverage is 365 days.
- Family includes the applicant, age 59 and under, the applicant's spouse, age 59 and under, and dependent children at least 15 days of age and no more than 21 years of age.

DEDUCTIBLES

Standard deductible per person per policy: \$0

Optional deductibles:

\$100	5% savings
\$250	10% savings
\$1,000	20% savings
\$3,000	30% savings