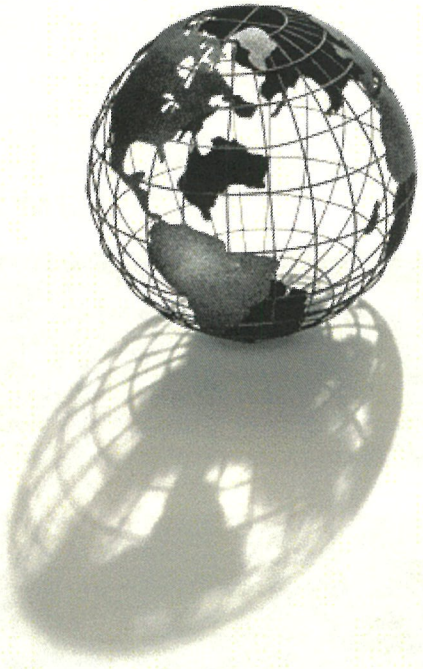
WORLDWIDE MEDICAL ASSISTANCE

GlobalExcel

You can travel with peace of mind knowing that you are supported by our long-term assistance partner, Global Excel Management Inc. who has a deep understanding of our values and is committed to superior customer service throughout the claims journey. With their expertise, you can expect fast and reliable service with a toll free multilingual response available 24/7.

Services:

- Medical record review
- Medical referral
- Case management
- Beneficiary assistance
- On-line preparation and assistance services
- Travel assistance
- Repatriation
- Direct billing
- Cost containment
- Claims administration in multiple currencies
- Coordination of benefits



FOR MORE INFORMATION

Please contact RSA at:

1-877-780-1761

or

optionalgrouptravel.rti@rsagroup.ca

RSA

.:Viator™

Group Out-of-Province/Canada Travel Medical Emergency Insurance

This brochure is intended for promotional purposes and is not an insurance policy. It is not an offer of insurance. It contains some information about coverages offered by Royal & Sun Alliance Insurance Company of Canada but it does not list all of the conditions and exclusions that apply to the described coverages. The actual wording of the policy governs all situations. The products described are subject to change without notice at any time.

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TAKE ADVANTAGE OF THIS LIMITED TIME OFFER

(You must enroll within 60 days from the day you become eligible for this coverage)

The travel insurance plan has been designed with the needs of employees and retirees in mind. Now you can be well protected when you travel.

Enjoy the benefits of affordable, year-round travel insurance you can trust. You can also cover your spouse and your eligible dependent children under the family coverage option.

YOU CAN ENROLL IF:

- You apply for coverage within 60 days from the day you become eligible for this coverage, as established on the Rate Schedule
- You are covered under the government health insurance plan of your province or territory of residence
- You are covered under your basic group extended health care plan
- You are younger than the termination age specified on the Rate Schedule
- You have your permanent residence in Canada

YOU CAN ENROLL YOUR SPOUSE AND/OR CHILD(REN) IF YOU PURCHASE FAMILY COVERAGE PROVIDED THAT:

- Your spouse and/or child(ren) are covered under the government health insurance plan of your province or territory of residence
- Your spouse and/or child(ren) are covered under your basic group extended health care plan
- Your spouse is lawfully married to you or has been living with you for the cohabitation period defined without interruption in a relationship of a conjugal nature, and who has been publicly represented as such
- Your or your spouse's unmarried child is dependent on you for support and is not employed on a full-time basis. For age limits for a dependent child, please contact your employer/association/union. Coverage will not continue beyond such age limits, except for a covered dependent child who is physically or mentally disabled and totally dependent on you for support on the date he reached the age when insurance would normally terminate.

GROUP EMERGENCY MEDICAL TRAVEL PLAN

The Viator™ Group Travel Insurance Plan offers coverage for your travel insurance needs. The Provincial Health Insurance Plan provides limited coverage for travel outside of your province of residence. If you have a medical emergency while travelling outside Canada, costs can easily escalate and are not all covered by the government health insurance plan.

With the Viator™ Group Travel Insurance Plan, you'll be covered for an unlimited number of trips throughout the year. You may choose a coverage period of 60, 90, or 120 maximum consecutive days allowed, per trip. Additional days can be purchased to cover the entire period of time that you will be away.

EMERGENCY MEDICAL EXPENSES

Limit (per emergency)

Out-of-Province/Canada Medical Benefits	Up to $5,000,000 per insured person per trip
Hospital Accommodation	Semi-Private Room
Physician	Reasonable & Customary Costs
Prescriptions	30-Day Supply Per Prescription
Diagnostic Services	Reasonable & Customary Costs
Medical Appliances	Reasonable & Customary Costs
Ambulance Services	Reasonable & Customary Costs
Paramedical Practitioners	$250 Per Profession
Nursing Care	Up to $5,000
Treatment of Dental Accidents	Up to $2,000
Medical Evacuation	Reasonable & Customary Costs
Return of Travel Companion	One-Way Airfare
Family/Friend Hospital Visit	Round-Trip Airfare
Return of Vehicle	Up to $5,000
Meals & Accommodation	Up to $150 Per Day, $3,000 Per Trip
Incidental Hospital Expenses	Up to $250
Return of Deceased	Up to $5,000

All amounts indicated are in Canadian currency, unless indicated otherwise.

PRE-EXISTING MEDICAL CONDITIONS

This coverage does not cover any medical condition that existed prior to departure that was not stable at any time during the 90 days prior to each departure date.

.:Viator™

Group Out-of-Province/Canada **ENROLLMENT FORM**

RSA

Travel Medical Emergency Insurance

IMPORTANT NOTICE

Important Notice About Your Personal Information: By submitting this application you agree that Royal & Sun Alliance Insurance Company of Canada ("we", "us") may collect, use and disclose your Personal Information (including to and from your broker, our affiliates and service providers and organizations that may have referred you to us, 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 Protecting Customer Privacy document. For a copy of this document please see www.rsatravelinsurance.com.

Personal Information

(PLEASE PRINT CLEARLY)

Name of your Employer/Union/Association: _____ **Policy Number:** 53807562

Pensioner/Employee Number: _____ **Retirement Date** (D/M/Y) ____/____/____
(Required if newly retired only)

Participant

First Name _____ Last Name _____ Date of Birth (D/M/Y) ____/____/____

Home Address

Street _____

City _____ Province _____ Postal Code _____

Telephone _____ E-mail _____

Spouse
For Family Coverage Only

First Name _____ Last Name _____ Date of Birth (D/M/Y) ____/____/____

Dependent Child(ren)
For Family Coverage Only

First Name _____ Last Name _____ Date of Birth (D/M/Y) ____/____/____

If additional space is required, please attach an additional sheet of paper.

First Name _____ Last Name _____ Date of Birth (D/M/Y) ____/____/____

First Name _____ Last Name _____ Date of Birth (D/M/Y) ____/____/____

First Name _____ Last Name _____ Date of Birth (D/M/Y) ____/____/____

Please attach this Enrollment Form and the Rate Schedule on the reverse and your cheque (if applicable) and send to:

RSA – Partner Services
2665 King Ouest, Suite 650, Sherbrooke QC J1L 2G5

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Group Out-of-Province/Canada

RATE SCHEDULE

Travel Medical Emergency Insurance

POWER WORKERS' UNION (BRUCE POWER)

Effective October 1, 2019

A - Important Dates (Please read carefully)

Please take note of the dates below for your records.

- Expiry Date: **September 30, 2020**
- Next Enrollment Date: **October 1, 2020**

Provided this insurance remains available to you, next year you will be sent a new Enrollment Form and Rate Schedule 60 days prior to September 30, 2020, to allow you to enroll for a new policy coverage. You must apply and pay for the new coverage prior to October 1, 2020. Should you not receive your new Enrollment Form and Rate Schedule by September 1, 2020, contact us at optionalgrouptravel.rti@rsagroup.ca or at 1-877-780-1761.

B - Instructions

You must be under age 75 to enroll

Please complete the Enrollment Form on the reverse and this Rate Schedule and return to RSA within 60 days of your retirement date, by selecting the following coverage options in the rate table below (C - Rates):

1. The multi-trip annual coverage option (60, 90, 120 days per trip). **Note:** you will be able to change your annual coverage option period at the Next Enrollment Date.
2. Your age category on the date on which you retire (please use the main participant's age if family coverage is selected).
3. The coverage type (single or family).
4. The date on which you retire.

   Note: The premium is calculated from the date of retirement until September 30, 2020.

C - Rates

Select the date that you become eligible for coverage as per instruction #4 above:	☐ 60-DAY				☐ 90-DAY				☐ 120-DAY			
	☐ Age 0-69		☐ Age 70-74		☐ Age 0-69		☐ Age 70-74		☐ Age 0-69		☐ Age 70-74	
	☐ SINGLE	☐ FAMILY	☐ SINGLE	☐ FAMILY	☐ SINGLE	☐ FAMILY	☐ SINGLE	☐ FAMILY	☐ SINGLE	☐ FAMILY	☐ SINGLE	☐ FAMILY
☐ October 1, 2019	$160.08	$397.68	$212.16	$501.72	$293.52	$673.92	$377.04	$840.36	$429.36	$954.48	$544.56	$1,184.52
☐ November 1, 2019	$146.74	$364.54	$194.48	$459.91	$269.06	$617.76	$345.62	$770.33	$393.58	$874.94	$499.18	$1,085.81
☐ December 1, 2019	$133.40	$331.40	$176.80	$418.10	$244.60	$561.60	$314.20	$700.30	$357.80	$795.40	$453.80	$987.10
☐ January 1, 2020	$120.06	$298.26	$159.12	$376.29	$220.14	$505.44	$282.78	$630.27	$322.02	$715.86	$408.42	$888.39
☐ February 1, 2020	$106.72	$265.12	$141.44	$334.48	$195.68	$449.28	$251.36	$560.24	$286.24	$636.32	$363.04	$789.68
☐ March 1, 2020	$93.38	$231.98	$123.76	$292.67	$171.22	$393.12	$219.94	$490.21	$250.46	$556.78	$317.66	$690.97
☐ April 1, 2020	$80.04	$198.84	$106.08	$250.86	$146.76	$336.96	$188.52	$420.18	$214.68	$477.24	$272.28	$592.26
☐ May 1, 2020	$66.70	$165.70	$88.40	$209.05	$122.30	$280.80	$157.10	$350.15	$178.90	$397.70	$226.90	$493.55
☐ June 1, 2020	$53.36	$132.56	$70.72	$167.24	$97.84	$224.64	$125.68	$280.12	$143.12	$318.16	$181.52	$394.84
☐ July 1, 2020	$40.02	$99.42	$53.04	$125.43	$73.38	$168.48	$94.26	$210.09	$107.34	$238.62	$136.14	$296.13
☐ August 1, 2020	$26.68	$66.28	$35.36	$83.62	$48.92	$112.32	$62.84	$140.06	$71.56	$159.08	$90.76	$197.42
☐ September 1, 2020	$13.34	$33.14	$17.68	$41.81	$24.46	$56.16	$31.42	$70.03	$35.78	$79.54	$45.38	$98.71

Note: These rates do not include sales tax and are subject to change without notice.

D - Premium Calculation and Payment

PREMIUM		$	Insert the applicable premium amount from the rate table in section C - Rates
PROVINCIAL SALES TAX	+	$	Quebec residents add **9%** to the premium | Ontario residents add **8%** to the premium
TOTAL PREMIUM	=	$	(E.g. $160.08 + 9% = **$174.49**)

Method of Payment ☐ Visa ☐ Mastercard ☐ American Express ☐ Post-dated cheque for October 1, 2019 (cheque made payable to RSA) ☐ Current dated cheque (cheque made payable to RSA)

Credit Card Information (if selected)

Credit Card Number | Credit Card Expiry Date (M/Y) | Name of Cardholder

Signature of Cardholder | Date Signed (D/M/Y)

Please complete and attach this Rate Schedule, the Enrollment Form on the reverse and your cheque (if applicable), and send to:

RSA – Partner Services
2665 King Ouest, Suite 650, Sherbrooke QC J1L 2G5

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