

**A - Important Dates (Please read carefully)**

Effective October 1, 2020

Please take note of the dates below for your records.

- Expiry Date: **September 30, 2021**
- Next Enrollment Date: **October 1, 2021**

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, 2021, to allow you to enroll for a new policy coverage. You must apply and pay for the new coverage prior to October 1, 2021. Should you not receive your new Enrollment Form and Rate Schedule by September 1, 2021, 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, 2021.

**IMPORTANT NOTE RELATED TO COVID-19\***: If the period in which you are eligible for this coverage is October or November, on an exceptional basis due to the pandemic, we are allowing members the choice to enroll at a later effective date, but no later than **December 1, 2020**. If applicable, should you wish to enroll for November 1, 2020 or December 1, 2020, please select that option below instead of the period that you become eligible. **However, should you chose to do so, please be aware that you will have NO coverage between the date your current travel insurance plan expires and your new effective date of this travel insurance plan.**

**C - Rates**

Select the date that you become eligible for coverage as per instruction #4 above (or the later enrollment date due to COVID-19\*):

	<input type="checkbox"/> 60-DAY				<input type="checkbox"/> 90-DAY				<input type="checkbox"/> 120-DAY			
	<input type="checkbox"/> Age 0-69		<input type="checkbox"/> Age 70-74		<input type="checkbox"/> Age 0-69		<input type="checkbox"/> Age 70-74		<input type="checkbox"/> Age 0-69		<input type="checkbox"/> Age 70-74	
	<input type="checkbox"/> SINGLE	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE	<input type="checkbox"/> FAMILY
<input type="checkbox"/> October 1, 2020	\$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
<input type="checkbox"/> November 1, 2020	\$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
<input type="checkbox"/> December 1, 2020	\$133.40	\$331.40	\$176.80	\$418.10	\$244.60	\$561.60	\$314.20	\$700.30	\$357.80	\$795.40	\$453.80	\$987.10
<input type="checkbox"/> January 1, 2021	\$120.06	\$298.26	\$159.12	\$376.29	\$220.14	\$505.44	\$282.78	\$630.27	\$322.02	\$715.86	\$408.42	\$888.39
<input type="checkbox"/> February 1, 2021	\$106.72	\$265.12	\$141.44	\$334.48	\$195.68	\$449.28	\$251.36	\$560.24	\$286.24	\$636.32	\$363.04	\$789.68
<input type="checkbox"/> March 1, 2021	\$93.38	\$231.98	\$123.76	\$292.67	\$171.22	\$393.12	\$219.94	\$490.21	\$250.46	\$556.78	\$317.66	\$690.97
<input type="checkbox"/> April 1, 2021	\$80.04	\$198.84	\$106.08	\$250.86	\$146.76	\$336.96	\$188.52	\$420.18	\$214.68	\$477.24	\$272.28	\$592.26
<input type="checkbox"/> May 1, 2021	\$66.70	\$165.70	\$88.40	\$209.05	\$122.30	\$280.80	\$157.10	\$350.15	\$178.90	\$397.70	\$226.90	\$493.55
<input type="checkbox"/> June 1, 2021	\$53.36	\$132.56	\$70.72	\$167.24	\$97.84	\$224.64	\$125.68	\$280.12	\$143.12	\$318.16	\$181.52	\$394.84
<input type="checkbox"/> July 1, 2021	\$40.02	\$99.42	\$53.04	\$125.43	\$73.38	\$168.48	\$94.26	\$210.09	\$107.34	\$238.62	\$136.14	\$296.13
<input type="checkbox"/> August 1, 2021	\$26.68	\$66.28	\$35.36	\$83.62	\$48.92	\$112.32	\$62.84	\$140.06	\$71.56	\$159.08	\$90.76	\$197.42
<input type="checkbox"/> September 1, 2021	\$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  Cheque made payable to RSA

Credit Card Information (if selected)

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Credit Card Number	Credit Card Expiry Date (M/Y)	Name of Cardholder
	<input type="text" value=""/>	<input type="text" value=""/>
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 **\*SEE REVERSE\***

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](http://www.rsatravelinsurance.com).

**Personal Information**

(PLEASE PRINT CLEARLY)

Name of your Employer/Union/Association: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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:**  
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**\*SEE REVERSE\***