

A - Important Dates (Please read carefully)

Please take note of the dates below for your records.

- Deadline for Enrollment Date: **October 1, 2021**
(Envelopes must be postmarked (the official stamp by Canada Post indicating the date sent) on or before the Deadline for Enrollment Date)
- If you have chosen to pay your premium with a post-dated cheque, your premium will be processed on that date, or shortly thereafter.
- Effective Date: **October 1, 2021** (See the Important Note below related to COVID-19)
- Expiry Date: **September 30, 2022**
- Next Enrollment Date: **October 1, 2022**

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, 2022, to allow you to enroll for a new policy coverage. You must apply and pay for the new coverage prior to October 1, 2022. Should you not receive your new Enrollment Form and Rate Schedule by September 1, 2022, contact us at optionalgrouptravel.rti@rsagroup.ca or 1-877-780-1761.

IMPORTANT NOTE RELATED TO COVID-19: On an exceptional basis, we are allowing members the opportunity to re-enroll for a later effective date and purchase a pro-rated year of coverage, with an effective date of coverage of either November 1, 2021 or December 1, 2021 rather than October 1, 2021. Should you wish to re-enroll for November 1, 2021 or December 1, 2021, please follow the instructions below. **Note: Should you chose to re-enroll for November 1, 2021 or December 1, 2021, please be aware that you will have no coverage between October 1, 2021 and your deferred coverage effective date. In addition, should you take advantage of the deferred effective date of coverage due to COVID-19, you are still required to send your Enrollment Form and Rate Schedule to us prior to October 1, 2021. If you do not send your Enrollment Form and Rate Schedule prior to this date, you will not be able to re-enroll at a later time.**

B - Instructions

You must be under age 85 on the selected effective date of coverage to enroll.

Please complete the Enrollment Form attached and this Rate Schedule and return to RSA prior to October 1, 2021 for coverage to be in effect, by selecting the following coverage options in the rate table below (C - Rates):

- 1) The multi-trip annual coverage option (60, 90, 120, 150 or 180 days per trip). You will be able to change your annual coverage option period at the Next Enrollment Date.
- 2) Your age category on the Effective Date (please use the main participant's age if family coverage is selected).
- 3) The coverage type (single or family).
- 4) Effective Date of coverage for this year (October 1, November 1 or December 1).

C - Rates

60-DAY					
<input type="checkbox"/> Age 0-69		<input type="checkbox"/> Age 70-74		<input type="checkbox"/> Age 75-84 NEW!	
<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"/> Effective Date: October 1, 2021					
<input type="checkbox"/> \$137.88	<input type="checkbox"/> \$351.72	<input type="checkbox"/> \$184.68	<input type="checkbox"/> \$445.32	<input type="checkbox"/> \$549.96	<input type="checkbox"/> \$1,170.84
<input type="checkbox"/> Effective Date: November 1, 2021 (no coverage for October 2021)					
<input type="checkbox"/> \$126.39	<input type="checkbox"/> \$322.41	<input type="checkbox"/> \$169.29	<input type="checkbox"/> \$408.21	<input type="checkbox"/> \$504.13	<input type="checkbox"/> \$1,073.27
<input type="checkbox"/> Effective Date: December 1, 2021 (no coverage for October 2021 and November 2021)					
<input type="checkbox"/> \$114.90	<input type="checkbox"/> \$293.10	<input type="checkbox"/> \$153.90	<input type="checkbox"/> \$371.10	<input type="checkbox"/> \$458.30	<input type="checkbox"/> \$975.70

90-DAY					
<input type="checkbox"/> Age 0-69		<input type="checkbox"/> Age 70-74		<input type="checkbox"/> Age 75-84 NEW!	
<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"/> Effective Date: October 1, 2021					
<input type="checkbox"/> \$257.88	<input type="checkbox"/> \$600.24	<input type="checkbox"/> \$333.12	<input type="checkbox"/> \$750.12	<input type="checkbox"/> \$917.52	<input type="checkbox"/> \$1,910.76
<input type="checkbox"/> Effective Date: November 1, 2021 (no coverage for October 2021)					
<input type="checkbox"/> \$236.39	<input type="checkbox"/> \$550.22	<input type="checkbox"/> \$305.36	<input type="checkbox"/> \$687.61	<input type="checkbox"/> \$841.06	<input type="checkbox"/> \$1,751.53
<input type="checkbox"/> Effective Date: December 1, 2021 (no coverage for October 2021 and November 2021)					
<input type="checkbox"/> \$214.90	<input type="checkbox"/> \$500.20	<input type="checkbox"/> \$277.60	<input type="checkbox"/> \$625.10	<input type="checkbox"/> \$764.60	<input type="checkbox"/> \$1,592.30

C - Rates (cont'd)

120-DAY					
<input type="checkbox"/> Age 0-69		<input type="checkbox"/> Age 70-74		<input type="checkbox"/> Age 75-84 NEW!	
<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"/> Effective Date: October 1, 2021					
<input type="checkbox"/> \$380.16	<input type="checkbox"/> \$852.84	<input type="checkbox"/> \$483.84	<input type="checkbox"/> \$1,059.84	<input type="checkbox"/> \$1,285.08	<input type="checkbox"/> \$2,650.80
<input type="checkbox"/> Effective Date: November 1, 2021 (no coverage for October 2021)					
<input type="checkbox"/> \$348.48	<input type="checkbox"/> \$781.77	<input type="checkbox"/> \$443.52	<input type="checkbox"/> \$971.52	<input type="checkbox"/> \$1,177.99	<input type="checkbox"/> \$2,429.90
<input type="checkbox"/> Effective Date: December 1, 2021 (no coverage for October 2021 and November 2021)					
<input type="checkbox"/> \$ 316.80	<input type="checkbox"/> \$710.70	<input type="checkbox"/> \$403.20	<input type="checkbox"/> \$883.20	<input type="checkbox"/> \$1,070.90	<input type="checkbox"/> \$2,209.00

150-DAY NEW!					
<input type="checkbox"/> Age 0-69		<input type="checkbox"/> Age 70-74		<input type="checkbox"/> Age 75-84 NEW!	
<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"/> Effective Date: October 1, 2021					
<input type="checkbox"/> \$502.56	<input type="checkbox"/> \$1,105.68	<input type="checkbox"/> \$634.56	<input type="checkbox"/> \$1,369.56	<input type="checkbox"/> \$1,664.64	<input type="checkbox"/> \$3,415.56
<input type="checkbox"/> Effective Date: November 1, 2021 (no coverage for October 2021)					
<input type="checkbox"/> \$460.68	<input type="checkbox"/> \$1,013.54	<input type="checkbox"/> \$581.68	<input type="checkbox"/> \$1,255.43	<input type="checkbox"/> \$1,525.92	<input type="checkbox"/> \$3,130.93
<input type="checkbox"/> Effective Date: December 1, 2021 (no coverage for October 2021 and November 2021)					
<input type="checkbox"/> \$418.80	<input type="checkbox"/> \$921.40	<input type="checkbox"/> \$528.80	<input type="checkbox"/> \$1,141.30	<input type="checkbox"/> \$1,387.20	<input type="checkbox"/> \$2,846.30


180-DAY NEW!					
<input type="checkbox"/> Age 0-69		<input type="checkbox"/> Age 70-74		<input type="checkbox"/> Age 75-84 NEW!	
<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"/> Effective Date: October 1, 2021					
<input type="checkbox"/> \$622.80	<input type="checkbox"/> \$1,354.20	<input type="checkbox"/> \$782.88	<input type="checkbox"/> \$1,674.24	<input type="checkbox"/> \$2,032.20	<input type="checkbox"/> \$4,155.60
<input type="checkbox"/> Effective Date: November 1, 2021 (no coverage for October 2021)					
<input type="checkbox"/> \$570.90	<input type="checkbox"/> \$1,241.35	<input type="checkbox"/> \$717.64	<input type="checkbox"/> \$1,534.72	<input type="checkbox"/> \$1,862.85	<input type="checkbox"/> \$3,809.30
<input type="checkbox"/> Effective Date: December 1, 2021 (no coverage for October 2021 and November 2021)					
<input type="checkbox"/> \$519.00	<input type="checkbox"/> \$1,128.50	<input type="checkbox"/> \$652.40	<input type="checkbox"/> \$1,395.20	<input type="checkbox"/> \$1,693.50	<input type="checkbox"/> \$3,463.00

Note: These rates represent the selected period between the re-enrollment date up to September 30, 2022. These rates do not include sales tax and are subject to change without notice.

D - Premium Calculation and Payment

ANNUAL 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. \$137.88 + 9% = \$150.29)

Method of Payment	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Post-dated cheque (cheque made payable to RSA)	<input type="checkbox"/> Current dated cheque (cheque made payable to RSA)
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Credit Card Information (if selected)			
	Credit Card Number	Credit Card Expiry Date (MM/YY)	Name of Cardholder
			Date Signed (DD/MM/YY)
	Signature of Cardholder		

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

You may contact the Insurer at 1-888-877-1710 in Canada and the U.S. or visit www.rsagroup.ca.

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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: _____

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

SEE REVERSE

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