



# Supplemental Trip Cancellation and Trip Interruption Plan Application Form

RTOERO Travel Plan

You **MUST** be enrolled in the RTOERO Extended Health Care Plan to apply.

**MEMBER INFORMATION** (Please print all information):

Certificate number:		<b>I AM ENROLLED IN RTOERO EXTENDED HEALTH CARE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name:			
First name:		Middle name:	
Address – Street/Box/R.R.:			Apt #:
City:		Province:	Postal code:
Home phone:		Mobile phone:	
Email:			

**SPOUSE/PARTNER:**

Last name:	First name:
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**DEPENDENT:**

Last name:	First name:
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**TRIP INFORMATION – MUST BE COMPLETED FOR COVERAGE TO BE IN FORCE**

Departure date from your province of residence or territory	DD	MM	YYYY
Return date to your province of residence or territory	DD	MM	YYYY

**COVERAGE**

- Trip cancellation coverage under the Supplemental Trip Cancellation and Trip Interruption Plan starts on the date Johnson Inc. receives this completed and signed application form and will be shown as the **Effective Date** on your confirmation of insurance letter.
- This plan is available for a specific trip that requires coverage for pre-paid travel expenses exceeding the benefit maximum of \$6,000 per insured person that is available under the Trip Cancellation and Trip Interruption Insurance Plan Certificate of Insurance under the RTOERO Travel Plan provided with your Extended Health Care (EHC) Plan.
- When you purchase this plan, your coverage under the Trip Cancellation and Trip Interruption Insurance Plan Certificate of Insurance is amended for that specific trip with a benefit maximum amount of up to \$12,000 per insured person.

**Note:** Unless you have purchased this Supplemental Trip Cancellation and Trip Interruption Plan for a trip, any other trip that you undertake will be subject to the benefit maximum amount of up to \$6,000 per insured person, per trip as outlined in your RTOERO Travel Plan.

a) I would like to apply for the following coverage:

Coverage Level and Premium Per Trip\*

**SINGLE** \$42.32     **COUPLE** \$84.64     **FAMILY** \$93.10

b) My spouse would like to apply for the following coverage:

**SINGLE** \$42.32\*

\* Retail Sales Tax will be added to these premium rates, where required by law.

My deduction choice is:

Monthly bank or pension deduction, until the last deduction date in the policy year which is July

Lump sum bank or pension deduction

**YOU MUST COMPLETE AND SIGN THE OTHER SIDE OF THIS FORM.**

## TRAVEL INSURANCE BENEFITS

This insurance product is underwritten by Royal & Sun Alliance Insurance Company of Canada. Johnson Insurance is a tradename of Johnson Inc. ("Johnson"), a licensed insurance intermediary, and operates as Johnson Insurance Services in BC and Johnson Inc. in MB. This travel insurance product is administered by Johnson. Johnson and Royal & Sun Alliance Insurance Company of Canada share common ownership. Global Excel Management Inc. is the company appointed by Royal & Sun Alliance Insurance Company of Canada to provide medical assistance and claims services for Group Travel Insurance.

## AGREEMENTS AND AUTHORIZATIONS – PLEASE READ AND SIGN BELOW

- a. I understand that I must be a Canadian resident and member of RTOERO and a participant in the RTOERO Extended Health Care plan, and that my/our provincial government health care coverage is in effect for the duration of my/our trip, to enrol in the Supplemental Trip Cancellation and Trip Interruption Plan.
- b. I hereby apply for coverage under the RTOERO Supplemental Trip Cancellation and Trip Interruption Plan and authorize the deduction and remittance of premiums from Ontario Teachers' Pension Plan (OTPP) pension and/or bank account (where applicable) for my contribution toward the cost of this benefit contract. I agree that my premiums will be deducted from my pension/bank account.
- c. I understand that coverage will begin on the day that Johnson Inc. receives this completed and signed application form.
- d. I consent to the collection, use and disclosure of any information required to administer the Program as outlined in the Privacy Statement contained in my RTOERO Insurance Plans 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 RTOERO Travel Plan for the complete list of Exclusions and Limitations.

Signature of member:

Date:

DD

MM

YYYY

Signature of spouse/partner (if applicable):

Date:

DD

MM

YYYY

## PRIVACY STATEMENT

Royal & Sun Alliance Insurance Company of Canada may collect, use, and disclose your personal information (including to and from your broker, its affiliates and service providers and organizations that may have referred you, 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 Privacy Policy. For a copy of this document, please see: <https://www.rsagroup.ca/your-privacy/privacy-policy>.

## PLEASE RETURN TO:

Johnson Inc., Group Benefits Service, PO Box 4408 STN A, Toronto ON M5W 3V7  
healthbenefits@johnson.ca | 1-877-406-9007 (toll free) | 1-866-554-4350 (fax)