

This application can be used when family members are under age 70 and applying for emergency medical or all inclusive annual plans (multiple trips with a duration up to a pre-defined length).

Applicant Information

Primary Applicant (List the oldest member of the family as the Primary Applicant)				Gender	Date of Birth
First Name		Last Name		Male <input type="checkbox"/> Female <input type="checkbox"/>	dd / mm / yy
Street No.	Street Name		Unit Number	City	
Province		Postal Code	Area Code / Phone Number		
Family Members	First Name	Last Name	Gender	Date of Birth	
Spouse			Male <input type="checkbox"/> Female <input type="checkbox"/>	dd / mm / yy	
Dependant 1			Male <input type="checkbox"/> Female <input type="checkbox"/>	dd / mm / yy	
Dependant 2			Male <input type="checkbox"/> Female <input type="checkbox"/>	dd / mm / yy	
Dependant 3			Male <input type="checkbox"/> Female <input type="checkbox"/>	dd / mm / yy	
Dependant 4			Male <input type="checkbox"/> Female <input type="checkbox"/>	dd / mm / yy	

All dependent children must be listed to be insured. If you have additional dependent children, please attach another application.

Plan Details

Plan Selection		Family Plan Rates			
Select one:	Select one:	Age	Deductible Amount (CDN)	16 Day Annual Plan	30 Day Annual Plan
<input type="checkbox"/> 16 Day Annual	<input type="checkbox"/> Emergency Medical Plan			Emergency Medical	All Inclusive
<input type="checkbox"/> 30 Day Annual	<input type="checkbox"/> All Inclusive Plan	Under age 60	\$0	\$145	\$275
Effective Date: dd / mm / yy	<ul style="list-style-type: none"> ● Emergency Medical ● Trip Cancellation/Interruption ● Baggage Loss/Damage/Delay 	60-64	\$500	\$270	\$405
		65-69	\$500	\$390	\$575
				All Inclusive	All Inclusive
				\$210	\$335
				\$375	\$530
				\$560	\$775

PrimeLink Quick Issue is a family rated plan, based on the age of the oldest family member.

Premium & Payment

Premium Amount \$ _____	Optional Deductible Amount for those under age 60: <input type="checkbox"/> \$500 (Rate less 10%)
Paid by <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cheque	Name on Credit Card
Credit Card Number _____ Expiration Date mm / yy	Cardholder Signature

The vendor's name on the credit card statement will be CanAm Special Risk Ins.

Signatures

I declare that all the information I have provided on this application form is true and complete and I understand that any inaccurate or missing information on this application will void my policy. I understand that if I am purchasing a family rated plan, that includes my spouse and all dependent children as listed in this application.

I understand that expenses resulting from a pre-existing condition are not covered unless the pre-existing condition was stable prior to the effective date of my policy as per the following: under age 60 - stable for 60 days; age 60-69 - stable for 180 days. I agree that if there are any changes in medical condition, treatment or change in medication for myself or my family, I will contact PrimeLink Insurance immediately.

I hereby authorize PrimeLink Insurance and the broker/brokerage named on this application (if applicable) to the use of the personal information provided herein for purposes of providing me with insurance services and that my personal information may be disclosed to any person or organization, including healthcare practitioners and institutions, investigative agency or other insurers or re-insurers in order to assess risk, administer this insurance, to investigate claims and to pay insurance benefits.

All applicants listed on this form are Canadian residents and insured under a Canadian Provincial or Territorial government health plan.

No applicant is travelling against the advice of a physician or after the diagnosis of a terminal illness.

I understand the terms in this application and understand the italicized terms defined on page 2 of this document.

Primary Applicant

Broker

Date dd / mm / yy Signature

Date dd / mm / yy Signature

The information in this application and existing files are used to offer products and services. Consent to the use of such information to offer products and services are optional and such use can be discontinued by writing or telephoning PrimeLink Insurance. A photocopy or facsimile of this authorization is as valid as the original. Insurance is underwritten by The Manufacturers Life Insurance Company. Insurance is administered by PrimeLink Insurance.

Definitions

“Change in Medication” means the medication dosage or frequency has been reduced, increased, stopped and/or new medication(s) have been prescribed or recommended.

Change in Medication Exceptions - The following does not constitute a change in medication:

- The routine adjustment of insulin or Coumadin or Warfarin;
- A change from a brand name medication to a generic brand medication (same dosage);
- Aspirin (or Entrophen) taken for non-prescribed medical purposes;
- Cholesterol reducing medication, hormone replacement medication, vitamins, minerals and non-prescription medication;
- Adjustment of Aspirin (or Entrophen) if taken for a heart condition provided it is not being taken in conjunction with other heart medication.

“Deductible Amount” means the amount of covered expenses that you will be responsible for paying per claim per insured under this policy. Your deductible amount applies before any covered expenses are paid under this policy. The deductible amount applicable to this policy is shown in Canadian dollars on your letter of confirmation.

“Dependent Child(ren)” as used herein means an unmarried natural child of the insured person, or adopted child of the insured person, or step-child of the insured person, or infants to which the insured person is in loco parentis or grandchildren, and:

- Under 21 years of age and dependent upon the insured person for maintenance and support or;
- Under 26 years of age and enrolled as a full-time student at an institution of higher learning and dependent upon the insured person for maintenance and support or;
- By reason of mental or physical infirmity, is incapable of self-sustaining employment, and is totally dependent upon the insured person for support within the terms of the Income Tax Act of Canada.

“Effective Date” means the date your coverage starts. For Trip Cancellation, included in the All-Inclusive plan, coverage starts at the date and time you purchase your prepaid trip provided you have already purchased this insurance. All other coverage start on the later of the date you leave home or the effective date shown on your confirmation.

“Injury” means any accidental bodily harm which is sustained by you and which is caused solely by external, and accidental means, and independently of sickness and of any other cause.

“Medical Attention” means treatment required for the immediate relief of an acute symptom or that, according to a physician cannot be delayed until you return home. It must be ordered by and received during your trip from a licensed physician, physiotherapist, chiropractor, osteopath, chiropractist, or podiatrist.

“Medical Condition” means injury or sickness; or complication of pregnancy within the first 31 weeks of pregnancy.

“Minor Ailment” means a sickness or injury which does not require the use of medication for a period of greater than 14 days nor requires more than one follow-up visit to a physician nor requires hospital admittance or surgical intervention and which ends at least 30 days prior to your departure date. However, a condition or complications thereof which require continuous and ongoing medical attention is not considered a minor ailment.

“Pre-existing Condition” means any sickness, injury or symptom, that existed before your effective date. A minor ailment is not considered a pre-existing condition.

“Sickness” means an illness or disease.

“Spouse” means someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one full year before the effective date of this insurance.

“Stable” means that the medical condition has not worsened; symptoms have not become more frequent or more severe; there has been no test result(s) showing deterioration, no new symptoms, no change in medication, and/or no medical attention prescribed or recommended by a physician; and there has been no hospitalization and you are not awaiting any test results.

“Treatment” means any medical, therapeutic or diagnostic procedure prescribed or performed or recommended by a licensed medical practitioner including but not limited to or surgery related to any sickness, injury or symptom.