Immigrants & Visitors to Canada
Daily Plan Application

VTC #

A. Applicant Information

Please choose one:

❑ New applicant applying prior to arriving in Canada or within 30 days of arriving in Canada

❑ Existing GMS policyholder applying to repurchase coverage with GMS VTC Policy #_____ Expiry Date: _____

❑ New applicant applying after being in Canada for more than 30 days. Must be currently insured and details must be provided.

Date first arrived in Canada: _____ Insurance co. _____ Policy #_____ Expiry Date: _____

NOTE: To be eligible to purchase a GMS Immigrants & Visitors to Canada plan once you have been in Canada for more than 30 days, there must not be a lapse in coverage between the plan you are replacing and the new GMS plan being purchased.

†Applicant #	First Name	Last Name	Sex	Date of Birth *(DD/MM/YYYY)*	Age
1			❑ M ❑ F		
2			❑ M ❑ F		

†*For more than two applicants, please complete an additional application form or apply online at www.gms.ca*

Canadian Address *(primary residence while in Canada)*	City	Province	Postal Code

Country of Origin	Email

Name of Local Emergency Contact	Emergency Contact Phone ( )

Name of Family Physician in Country of Origin	Contact Phone ( )	Date of Last Visit

B. Sponsor Information

Sponsor's First Name	Sponsor's Last Name	Date of Birth	
❑ Address same as Canadian Address above or	City	Province	Postal Code
Home Phone ( )	Alternate Phone ( )	Email	

❑ By checking this box, I/we authorize Group Medical Services ("GMS") to:

a. share information regarding my policy or any claim submitted under this policy, including personal health information, with my sponsor; and

b. pay any amount to which I may become entitled under the policy to my sponsor. I/we understand and agree that where GMS makes a payment to my sponsor pursuant to this assignment I/we are not entitled to make any demand for such payment. I/we further understand that this authorization is in effect until such time as I request GMS to revoke it.

IMPORTANT INFORMATION

- **Medical conditions which are not stable for 180 days prior to your arrival to Canada will not be covered under this policy.**
- A medical condition is stable if, during the period of time specified, you:
  1. Have not received new medical treatment;
  2. Have not been prescribed a new prescription medication;
  3. Have not had a change in medical treatment;
  4. Have not had an alteration in a prescribed medication;
  5. Have not experienced a deterioration in your condition;
  6. Have not experienced new, more frequent or more severe symptoms;
  7. Have not had or required medical consultation to investigate symptoms that remain undiagnosed;
  8. Have not required in-hospital care or a referral to a specialist, including initial follow-up visits, tests or investigations related to the medical condition and pending results; and/or
  9. Do not anticipate further medical treatment after departure from your country of origin.
- If there is a change in your health after the application date and prior to the effective date, GMS must be notified and the application updated. A change in your health may affect your eligibility for coverage. Changes to your health that do not affect eligibility will still constitute a change in stability and may limit your available coverage.
- If you experience a medical emergency, you must notify the GMS assistance firm prior to treatment, where possible, and no later than 24 hours after receiving medical treatment or being admitted to hospital. Your policy may limit benefits should you not contact the assistance firm.
- In the event of a medical emergency you must call GMS Assistance:

  Toll-free (within Canada and the USA): **1.800.459.6604**

  Collect (from all other locations): **905-762-5196**
- In the event of a claim or refund request documentation confirming travel dates will be required.
- Where this policy is issued to satisfy entry to Canada, GMS reserves the right to notify Citizenship and Immigration Canada if the policy is cancelled.

C. Eligibility

INSTRUCTIONS

- All applicants are subject to eligibility conditions 1 and 2.
- If you are fifty-five (55) years of age or older you must also meet additional eligibility condition 3.
- If you are an existing GMS policyholder, reapplying or applying for coverage after having been in Canada for more than 30 days you must also meet additional eligibility condition 4.
- If any of the following conditions apply on the application date, unless otherwise stated, you are not eligible to purchase this plan:

1. you are not eligible to purchase this insurance if you are an immigrant or visitor to Canada who is covered under a government health plan.
2. you are not eligible to purchase this plan if:
   a. you will be eighty (80) years of age or older as of the effective date;
   b. you have been in Canada for more than thirty (30) days except as provided for under eligibility condition 4; or
   c. you have reason to seek medical attention.
3. you are not eligible to purchase this plan if you are fifty-five (55) years of age or older and:
   a. Within the twelve (12) months prior to applying you have been diagnosed with any of the following conditions or you have any of the following conditions which have not been stable for twelve (12) months prior to applying:
      i. Acquired Immune Deficiency Syndrome (AIDS);
      ii. a terminal illness (an advanced stage of a progressive disease with an unfavorable prognosis and no known cure);
      iii. atrial flutter;
      iv. atrial/ventricular fibrillation;
      v. peripheral vascular disease;
      vi. stroke/transient ischemic attack (TIA);
      vii. blood clot(s);
      viii. congestive heart failure;
      ix. gastrointestinal bleeding; and/or
      x. kidney/liver failure;
   b. you have undergone renal dialysis, valve replacement or organ transplant;
   c. you are awaiting further tests or medical treatment for heart disease;
   d. you require insulin to treat diabetes and also take prescription medication for heart disease
   e. you have any medical condition necessitating the use of home oxygen;
   f. you take oral steroids for a lung condition;
   g. you have been diagnosed with metastatic cancer;
   h. you are under active medical treatment for cancer,
   i. have a vascular aneurysm that remains surgically untreated,
   j. have experienced undiagnosed episodes of fainting or falling (syncope);
   k. you have an Implantable Cardioverter Defribrillator (ICD)
   l. you are seventy (70) years of age or older and require assistance from another person(s) with activities of daily living (ADL) which include, but are not limited to, personal hygiene and grooming; dressing and undressing; self-feeding; functional transfers (getting into and out of bed or a wheelchair, getting onto or off the toilet, etc.); bowel and bladder management; and/or medication management.
4. you are not eligible to apply for coverage after being in Canada for more than thirty (30) days unless:
   a. you have an existing GMS insurance policy or a policy providing similar coverage issued by an insurance company licensed in Canada;
   b. you apply before the expiry of your existing policy and there is not a gap in coverage between the policies;
   c. you meet eligibility conditions as required, except as modified in 4d. and 4e.;
   d. you have not incurred medical treatment (whether a claim was submitted or not) in excess of $5,000 in the twelve (12) months immediately prior to applying; and
   e. you have never been refused coverage by any other insurer providing similar coverage.

Do any of the conditions above apply to me/us?	Applicant # 1	Applicant # 2
	❑ Yes ❑ No	❑ Yes ❑ No

If you selected YES you are NOT eligible to purchase this plan.

D. Travel Information

Effective Date of Coverage *(DD/MM/YYYY)*	Expiry Date of Coverage *(DD/MM/YYYY)*	Length of Coverage *(number of days - including effective and expiry dates)*

Important Coverage Information:

The **Daily Immigrants & Visitors** option is only available to a maximum of 365 days of coverage, including all extensions. For policies less than 365 days, an extension to your trip may be requested by contacting your broker or info@gms.ca. To be eligible to extend your policy you must not have required medical services in excess of $500.

E. Premium Calculation

Daily Rates *(per person with a $1,000 deductible per claim)*

	Coverage Limit Options			
Age	**$25,000**	**$50,000**	**$100,000**	**$150,000**
Under 55	$1.57	$1.94	$3.04	$3.21
55-59	$1.75	$2.02	$3.28	$3.55
60-64	$2.58	$3.09	$3.61	$4.02
65-69	$2.92	$3.50	$4.69	$5.28
70-74	$4.55	$5.30	$6.48	$7.65
75-79	$5.15	$6.20	$7.39	$9.26

When calculating rates for alternate deductible amounts:

$1,000 Deductible: Included in the Daily Rate, no additional calculation

$500 Deductible: Add 15% to the Daily Rate (multiply daily rate by 1.15)

$100 Deductible: Add 30% to the Daily Rate (multiply daily rate by 1.30)

$0 Deductible: Add 45% to the Daily Rate (multiply daily rate by 1.45)

Note: Coverage will be effective upon Group Medical Services approval of the application and receipt of the appropriate premium. Coverage will be governed by the terms and conditions described in the policy wording.

Applicant #	Deductible	Daily Rate for coverage limit chosen	Increase to Daily Rate for lower deductible	# of days purchased *(from Section B.)*	Premium
1	❑ $1,000 ❑ $500 ❑ $100 ❑ $0	$ _____	x _____	x _____	$
2	❑ $1,000 ❑ $500 ❑ $100 ❑ $0	$ _____	x _____	x _____	$
				Total Premium	$

F. Payment Option

Payment Method	Credit Card Number	Expiry Date (MM/YY)	Signature of Cardholder
❑ Cash ❑ Cheque ❑ Visa ❑ MasterCard			X

G. Declaration

I/We ("I") declare the statements made herein are true and complete and shall form part of my application for coverage. I hereby authorize any physician, health care provider, other person, hospital, institution, or insurance company to release to Group Medical Services and/or its authorized agents, representatives, affiliates or other service providers (collectively "GMS") any information covering my medical history, symptoms, treatment, examination, diagnosis and/or services rendered to myself or any of my dependants herein listed.

For the purposes of administering any Group Medical Services ("GMS") benefits, products or services (collectively "benefits") and/or determining eligibility for benefits, I authorize GMS to: (a) collect, store and use any personal information which I have provided to GMS or personal information obtained pursuant to clause (b); and/or (b) obtain personal information about me (or any other person listed herein) from, or disclose such personal information to: my Government Health Insurance Plan; the operator of any hospital, clinic, or other health facility; a doctor or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required for the purposes described above.

I understand that, whether before or after my application, any misrepresentation, incorrect or concealed information or failure to fully complete all sections of the application may void my coverage. I declare that, if I am signing on behalf of any person(s), I have the authority to sign on behalf of such person(s) listed herein and confirm that each of the above declarations and authorizations are also provided on behalf of such person(s).

I warrant that neither I, nor any person herein listed, have any additional coverage through any insurer other than the information listed herein. Should I, or any person herein listed, subsequently obtain additional coverage through any insurer, while covered under this contract, I will immediately advise GMS in writing. I hereby authorize GMS to coordinate any eligible expenses with any additional insurer that I, or any person herein listed, may have coverage under.

Signature of Applicant #1	Date *(DD/MM/YYYY)*	Signature of Applicant #2	Date *(DD/MM/YYYY)*
X		X	

H. For Broker/Agent Use Only

The undersigned hereby confirms that appropriate disclosure, as set out in the Canadian Council of Insurance Regulators: Advisor Disclosure document, has been made to the client regarding: (a) the company or companies represented; (b) that a commission is received for sale of this insurance product; (c) that additional compensation may be received in the form of bonuses; (d) any conflict of interest with respect to this transaction.

Agent Signature X _____

Agent #1 _____ Agent #2 _____ Split A1% / A2% For Office Use: Effective Date: DD/MM/YYYY GMS ID: _____