



**TRAVEL INSURANCE APPLICATION
FOR CANADIAN TRAVELLERS**

The Escape Plan
c/o Snowbird Medi-Quote Inc.
505 Pandora Avenue W.
Winnipeg, MB R2C 1M8

Return Completed Applications to:

fax: 1-877-259-2918
phone: 1-877-976-plan
www.theescapeplan.ca
info@theescapeplan.ca

STEP 1 CHOOSE THE PLAN THAT IS RIGHT FOR ME

Look no further for travel coverage to meet ALL your travel needs, no matter what they are:

Multi-Trip Emergency Medical Plans:

Code	Age Bracket	Choice of Maximum Number of Days per trip	Single or Family Coverage	Maximum extra days that can be added	Price	Your Choice
RS1549	0 - 49	15	Single	Unlimited	\$ 60.00	
RS1559	50 - 59	15	Single	Unlimited	\$ 96.00	
RS1564	60 - 64	15	Single	Unlimited	\$ 119.00	
RF1549	0 - 49	15	Family	Unlimited	\$ 120.00	
RF1559	50 - 59	15	Family	Unlimited	\$ 192.00	
RF1564	60 - 64	15	Family	Unlimited	\$ 238.00	
RS3049	0 - 49	30	Single	Unlimited	\$ 70.00	
RS3059	50 - 59	30	Single	Unlimited	\$ 110.00	
RS3064	60 - 64	30	Single	Unlimited	\$ 143.00	
RF3049	0 - 49	30	Family	Unlimited	\$ 140.00	
RF3059	50 - 59	30	Family	Unlimited	\$ 220.00	
RF3064	60 - 64	30	Family	Unlimited	\$ 286.00	

See www.theescapeplan.ca for further details

Emergency Medical insurance for trips taken anywhere outside your province of residence, for as many trips as you wish to take, while coverage is in force. Unlimited Emergency Medical insurance for treatment of accidents, injuries and sicknesses while you are travelling.

See Policy for full details

You may extend the duration of any one trip or the sum insured for any one trip by contacting our office.

Multi-Trip All Inclusive Plans: *Unlimited Emergency Medical plus Trip Cancellation, Trip Interruption, Flight Accident, Baggage and so much more.*

Code	Age Bracket	Choice of Maximum Number of Days per trip	Single or Family Coverage	Price	Your Choice	Trip Cancellation Per Trip Maximum	Trip Cancellation Per Year Maximum	Trip Interruption Per Trip Maximum	Trip Interruption Per Year Maximum	Flight Accident Maximum Per Trip	Lost Baggage Maximum Per Trip
RTS1559	0 - 59	15	Single	\$ 170.00		\$1,500	\$10,000	\$1,500	\$10,000	\$100,000	\$1,000
RTS3059	0 - 59	30	Single	\$ 240.00		\$1,500	\$10,000	\$1,500	\$10,000	\$100,000	\$1,000
RTS1564	60 - 64	15	Single	\$ 220.00		\$1,500	\$10,000	\$1,500	\$10,000	\$100,000	\$1,000
RTS3064	60 - 64	30	Single	\$ 330.00		\$1,500	\$10,000	\$1,500	\$10,000	\$100,000	\$1,000

Please call us at 1-877-976-plan to enquire about buying these annual plan policies

Underwritten by Reliable Life Insurance Company and Old Republic Insurance Company of Canada

Once received in our office, your application will be processed and your confirmation of insurance will be issued. Payment will be taken from your credit card, and your policy confirmation and wallet cards will be issued and sent to you.

Coverage must be purchased prior to departure for all plans

If you checked the email box on the application, your policy documents will be emailed to you.

If you have any questions at any time, please do not hesitate to contact us:

By Mail: **The Escape Plan**
c/o Snowbird Medi-Quote
505 Pandora Avenue W.
Winnipeg, MB R2C 1M8

By fax: 1-877-259-2918 or 204-895-2918

By email: info@theescapeplan.ca

Visit us at www.theescapeplan.ca

Trip Cancellation sold by-the-trip: *If you have medical insurance through your employer, you may wish to purchase Trip Cancellation, Trip Interruption and Baggage benefits separately by contacting us at 1-877-976-plan*

Introducing: *The Ultimate Upgrade*

Consider our Trip Cancellation with the Ultimate Upgrade to cover you for almost every reason imaginable if you have to cancel or interrupt your trip from the moment you book your reservation to the time you return from your trip. Coverage is provided for:

- 95% of any unused non-refundable prepaid expenses for travel arrangements
- 95% of any published penalties you incur as a result of a trip cancellation
- 95% of one way economy transportation to return to the departure point or to continue on your covered trip
- 95% of additional reasonable expenses incurred for an unplanned overnight stay

Please call us at 1-877-976-plan for more information



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STEP 2 APPLICANT INFORMATION (Please Print)

Sex	First Name	Last Name	Birth Date	date	Enter Code for Plan chosen	Price per
M / F			MM/DD/YYYY			
M / F			MM/DD/YYYY			
M / F			MM/DD/YYYY			
M / F			MM/DD/YYYY			
M / F			MM/DD/YYYY			
M / F			MM/DD/YYYY			
M / F			MM/DD/YYYY			

Grand Total

If there is a family price, enter that price once. If no family price is available, use the single price for each person.

Family plans have no maximum number of children

In order to qualify for the family rate, there must be a maximum of 2 adults and at least one accompanying unmarried dependent child who is either:
i) under 21 years of age; ii) under 26 years of age if a full-time student; or iii) of any age who is mentally or physically handicapped.

Address in Canada

City/Prov.

Postal Code

E-mail Address

Daytime Telephone Number ()

Cell Phone Number ()

Please send my policy document by email only

STEP 3 POLICY DATES

Application Date MM/DD/YYYY	Effective Date MM/DD/YYYY	The Effective Date will be the day after my application is processed
	Expiry Date MM/DD/YYYY	The Expiry Date of my policy will be one year less one day after the effective date

Please charge the Grand Total above to my credit card.

- Visa
- Mastercard

Card No: _____ Expiry Date: ____ / ____

Cardholder's Signature: **Please Print and Sign** _____

STEP 5 AGREEMENT AND UNDERSTANDING

I understand that I and my covered dependents must not be travelling against doctor's orders or been diagnosed with a *Terminal Sickness* to be eligible for this coverage. I agree to ensure that my provincial government health insurance plan remains in force during my policy and to call the assistance provider as soon as possible if I have an emergency. I agree to take my policy document and confirmation of insurance document with me on my trip since it contains important phone numbers and details of my coverage. I understand that coverage under this policy is subject to certain terms, conditions, limitations and exclusions. I will read my policy document carefully. I am in good health and know of no reason to seek medical attention. I am aware that if I have any condition affecting my health, claims relating to this condition may be excluded under this policy.

Please print this form and then sign, date and return it to us. Thank-you.

Signature of Insured (on behalf of all named Insureds)

Date (MM/DD/YYYY)

Underwritten by Reliable Life Insurance Company and Old Republic Insurance Company of Canada

Once received in our office, your application will be processed and your confirmation of insurance will be issued. Payment will be taken from your credit card, and your policy confirmation and wallet cards will be issued and sent to you.

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