The Johnson Inc. Trip Cancellation/ Interruption Plan for members of the Alberta Teachers' Association

ENROLLMENT FORM - MEMBER INFORMATION

PLEASE PRINT CLEARLY

First Name(s) _____ Initials Last Name _____

No./Street/Apt.: _____

City: _____

Province: _____ Postal Code: _____

Daytime Telephone Number Area Code _____

Gender M F Date of Birth D M Y Provincial Health Care Number _____

ATA Cert. Number _____ School Board _____

☐ Single ☐ Family coverage

☐ I/We have attached a blank personal cheque for my/our account and marked it void.

I/We understand that monthly deductions will be withdrawn on the 5th of each month to cover associated costs for this plan.

At this time I know of no reason for me, my family member, my travel companion(s), or the immediate family member(s) of my travel companion(s), as applicable, to seek medical attention, and I and my travel companion(s) are deemed fit to undertake and complete any covered trip as booked.

I understand my policy will automatically renew each year on the renewal date (May 1) for the next policy year, unless I provide written notice of termination to Johnson Inc. within 30 days of the renewal date.

I consent to the collection, use and disclosure of my personal information for the purposes of applying/enrolling in the plan.

SIGNATURE OF MEMBER _____ Date D M Y

SIGNATURE OF SPOUSE (if applying for family coverage) _____ Date D M Y

Offered by:

MORGEX Insurance

11120-178th Street

Edmonton, AB T5S 1P2

Toll free: **1-877-466-2929**

(1-800-GON-AWAY)

Administered by:

Johnson Inc.

Provided by:

etfs®

TRAVEL & HEALTHCARE SOLUTIONS

Underwritten by:

RSA

This brochure is intended for promotional purposes and is not an insurance policy. It is not an offer of insurance. It contains some information about coverages offered by Royal & Sun Alliance Insurance Company of Canada but it does not list all of the conditions and exclusions that apply to the described coverages. The actual wording of the policy governs all situations.

The Johnson Inc. Trip Cancellation/Interruption Plan for members of the Alberta Teachers' Association is administered by Johnson Inc., is underwritten by Royal & Sun Alliance Insurance Company of Canada, is provided by Expert Travel Financial Security (E.T.F.S.) Inc. and is offered by Morgex Insurance. Morgex is a trade name of Johnson Inc. Johnson Inc. and Royal & Sun Alliance Insurance Company of Canada share common ownership.

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The Johnson Inc. Trip Cancellation/Interruption Plan for members of the Alberta Teachers' Association

MORGEX Insurance

Protect your travel plans with this Trip Cancellation/Interruption coverage for the members of the Alberta Teachers' Association.

Morgex Insurance is pleased to offer Trip Cancellation/Interruption coverage to the members of the Alberta Teachers' Association at a very competitive price. This plan helps protect travellers against unforeseen circumstances that may prevent or discontinue a trip.

Coverage Highlights

- Annual Multi-Trip Plan
- Trip Cancellation – up to a maximum of $5,000 per insured person per annual coverage period.
- Trip Interruption – up to a maximum of $5,000 per insured person for each covered trip.
  - Up to a maximum of $3,500 for lodging, meals, car rental, telephone calls and taxi costs ($350 per day).
- Up to a maximum of $1,000 for baggage and personal effects during a covered trip.
  - Personal Effects – actual cash value or $500, whichever is less
  - Document Replacement – up to a maximum of $200
  - Baggage Delay – up to $400

Pre-Existing Conditions

Pre-existing conditions are a limitation under this plan. A pre-existing condition is any medical condition that required consultation, diagnosis, treatment and/or investigation in the 12-month period prior to the day of departure. A medical condition can include any illness, sickness, injury or symptoms. Additionally, a medical condition that has a new medication prescribed or a change in the dosage of a medication in the 90 days prior to the day of departure is not covered.

Note: The above exclusion applies to the following persons who are age 60 or over: you, an immediate family member, a travel companion, a travel companion's immediate family member, a close friend and/or your host at destination.

Annual Coverage

Coverage will renew automatically on May 1st of each year. You will be provided with written notification in advance. Coverage will continue unless Johnson Inc. is provided with written notice of termination within 30 days of the renewal date. Premiums are deducted monthly and are non-refundable and non-cancellable.

How To Enroll

Complete the attached Enrollment Form and return it in the enclosed post-paid envelope. Your coverage begins on the day that Johnson Inc. receives the completed and signed Enrollment Form.

You will receive written confirmation of your coverage, your benefit booklet and an ID Card. The ID card lists the toll free numbers for the Trip Cancellation/Interruption Plan. The benefit booklet will include complete information with respect to coverages, limitations and exclusions.

Alberta Teachers' Association Optional Trip Cancellation/Interruption Plan		
Age	**Single**	**Family**
0 - 29	$79.10	$158.19
30 - 39	$82.60	$165.21
40 - 49	$85.05	$170.10
50 - 59	$100.45	$200.91
60 - 65	$131.25	$262.50
66 - 74	$183.40	$366.81
75 +	$263.90	$527.79

All amounts shown are in Canadian currency.

Note: Rates indicated are annual. Rates payable will be pro-rated according to the number of months remaining before the next annual renewal (May 1st of each year)

Privacy

In order to determine my eligibility for benefits and administer group benefit coverage(s), I give Johnson Inc. (and any relevant carrier as may be applicable) consent:

- To collect and communicate personal information about me from people or organizations including: any health care practitioner, medical facility or provider of health care/dental services, any provincial health insurance plan, insurance company or reinsurer, my plan sponsor or former plan sponsor, government agency, or financial institution(s).

If applying for coverage for my spouse and/or dependents, I have consent to collect, use and communicate their personal information for the purposes listed above.

I acknowledge that more detailed information concerning how and why Morgex Insurance and Johnson Inc. collects, uses and discloses my personal information is available at www.morgex.com/ata.

My ability to obtain coverage is subject to the specific requirements and rules of the applicable insurance program.

The information given on this form is true, correct and completed to the best of my knowledge.