

Emergency hospital & medical

Travel insurance

Travel Insurance Sales Checklist

Use this checklist when selling Emergency Hospital & Medical (EHM) for Canadians plans. It will help ensure you cover the important points your client needs to know and understand about the coverage they are purchasing.

Step One: Ask your client the following questions before starting the sale.

- What is your age?
- For how long will you be travelling?
- Where are you going – USA or Non-USA?
- Do you have valid provincial healthcare coverage?

Step Two: Read the eligibility information below, as applicable to your client.

All age categories

Read the eligibility criteria for all age categories.

Regardless of your age, to be eligible for coverage you must, as of the date you apply for coverage and the effective date:

- be at least 15 days old and no more than 89 years old; and
- be insured for benefits under a Canadian government health insurance plan during the entire period of coverage; and
- not have been diagnosed with a terminal illness; or
- not have been diagnosed with stage 3 or 4 cancer; or
- not have received treatment for any cancer (other than basal or squamous cell cancer or breast cancer treated only with hormone therapy) in the last 3 months; or
- not require assistance with activities of daily living as the result of a medical condition or state of health.

Clients aged 60 and older

Read the eligibility criteria for all age categories AND the eligibility criteria below.

If you are age 60 or older, in addition to the requirements **on the left**, you are NOT eligible for coverage if, as of the date you apply for coverage and the effective date, you:

- have been prescribed or used home oxygen for a lung/respiratory condition during the previous 12 months; or
- had your most recent heart surgery more than 12 years ago or less than 6 months ago; or
- have a diagnosed unrepaired aneurysm of 4 centimeters or greater, measured in either length or diameter; or
- have received or are awaiting a bone marrow or major organ transplant; or
- have been diagnosed with or received treatment for a kidney disease requiring dialysis; or
- have ever been diagnosed with an auto-immune disorder
- have ever been diagnosed with congestive heart failure.

Step Three: Read the pre-existing exclusions below as they pertain to your client.

If you are age 59 or under, benefits are not payable for costs incurred due to or resulting from your medical condition or related condition, other than a minor ailment, that was not stable at any time **during the 90 days immediately before the effective date**.

If you are age 60 or over, depending on your answers to the medical questionnaire, benefits are not payable for costs incurred due to or resulting from your medical condition or related condition, other than a minor ailment:

- a) that was not stable at any time during the 90, 180, or 365 days immediately before the effective date; or

- b) for which you received treatment at any time during the 365 days immediately before the effective date; or
- c) for which you received treatment at any time before the effective date.

Refer to your Confirmation of Coverage for any pre-existing condition exclusions that apply to you.

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Step Four: Confirm with your client that they are eligible to apply for coverage.

If the answer is 'yes', proceed to quicktic to issue a policy.

Reminder: If your client is aged 60 or older they will be asked medical history questions in quicktic.

Step Five: Once you have closed the sale, advise your client to take the following items with them when they travel and ensure they understand the points below each.

Policy booklet:

Travel insurance does not cover everything. It's important to review the policy carefully, especially the eligibility, limitations and exclusions prior to leaving so they understand their coverage.

Confirmation of Coverage:

This is your client's proof of coverage and it will be referred to in the event of an emergency.

Emergency Wallet Card with our toll-free 24/7 Claims and Emergency Assistance number:

The numbers on this card provide direct access to help from the Claims and Emergency Assistance team in the event of an emergency.

Travel Insurance Disclaimer

Client name

Policy number

MM/DD/YYYY

Travel insurance representative name

Date

Eligibility:

1. My travel insurance representative has reviewed with me the Eligibility guidelines of the travel insurance plan I am purchasing. _____
2. I understand that coverage is not available for purchase if I have (or the person I am purchasing coverage for has) any of the listed conditions under the Eligibility section of the Policy booklet. _____

Policy wording:

3. I understand the importance of fully reviewing the Policy wording prior to purchasing a policy. This includes reviewing (but not limited to) the Important Notice section, Eligibility, and Exclusions. _____
4. I have fully reviewed all of the Exclusions listed, including the Pre-Existing Conditions Exclusion (EHM1). _____
5. I understand that if I have (or the person I am purchasing coverage for has) any pre-existing conditions, I (or the person I am purchasing coverage for) must disclose these with my travel insurance representative prior to purchasing coverage to allow for a clear assessment of the type of coverage that is best suited to protect me (or the person I am purchasing coverage for). _____

Multi-trip plans (if applicable):

6. I understand that I am purchasing an Annual Multi-trip plan based on the condition of my health (or the health of the person I am purchasing coverage for) at the time of purchase. _____
7. I understand that I must meet the eligibility requirements of the policy at the time of application and each departure date. _____

Declaration:

I acknowledge and accept that any expenses incurred, while not covered by a travel insurance policy, will be my own financial responsibility. My travel insurance representative / travel insurance representative 's agency has no responsibility for these possible expenses. _____

I have received a copy of the Policy booklet, a wallet card with the toll-free Allianz Global Assistance Emergency Assistance phone number and a Confirmation of Coverage from my travel insurance representative . _____

Insured's signature

Purchaser's signature (Purchaser is not the named insured)

MM/DD/YYYY

Travel insurance representative

Date