

THE JOHNSON INC. GROUP TRIP CANCELLATION AND INTERRUPTION INSURANCE PLAN

Administered by:



COMPLEMENT YOUR CURRENT COVERAGE WITH TRIP CANCELLATION AND INTERRUPTION BENEFITS

We are pleased to offer Trip Cancellation/Interruption coverage to you 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 \$6,000 per insured person per annual coverage period
- **Trip Interruption** – up to a maximum of \$6,000 per insured person for each covered trip
 - Up to a maximum of \$3,500 for lodging, meals, car rental, telephone calls and taxi costs (up to \$350 per day)
- **Baggage and Personal Effects** – up to a maximum of \$1,000 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 MEDICAL CONDITIONS

Pre-existing medical conditions may affect your coverage under this plan. A pre-existing medical condition can be covered if it has been stable¹ for 12 months prior to the date of purchase of your travel arrangements.

Note: The above 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 business associate, a close friend and/or your host at destination.

¹Stable means any medical condition (other than a minor ailment) for which all the following statements are true:

- a) there has been no new diagnosis, treatment or prescribed medication;
- b) there has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand medication to a generic brand medication (provided that the dosage is not modified);
- c) there have been no new symptoms, more frequent symptoms or more severe symptoms;
- d) there have been no test results showing deterioration;
- e) there has been no hospitalization or referral to a specialist (made or recommended) and you are not awaiting results of further investigations for that medical condition.

ANNUAL COVERAGE

Coverage will be re-issued automatically on September 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 re-issue 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 provided 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.

Optional Trip Cancellation/Interruption Plan		
Age	Single	Family
0 - 29	\$105.00	\$209.00
30 - 39	\$109.00	\$218.00
40 - 49	\$112.00	\$224.00
50 - 59	\$133.00	\$266.00
60 - 65	\$174.00	\$348.00
66 - 74	\$242.00	\$484.00
75 +	\$349.00	\$697.00

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 (September 1st of each year).



Johnson Inc.

9440 202nd Street, Suite 110 Langley, BC V1M 4A6
Toll free: **1-866-799-0000**

11120-178th Street, Edmonton, AB T5S 1P2
Toll free: **1-877-466-2929 (1-877-GON-AWAY)**

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 underwritten 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 product and rates described are subject to change without notice at any time.

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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 Johnson Inc. collects, uses and discloses my personal information is available at www.johnson.ca.

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.

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ENROLLMENT FORM - Please Print Clearly

MEMBER INFORMATION

First Name	Initials	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/>	Membership Number <input type="text"/>
No./Street/Apt <input type="text"/>	City <input type="text"/>	
Province <input type="text"/>	Postal Code <input type="text"/>	Daytime Telephone Number <input type="text"/> <small>Area Code</small>

COVERAGE Single Family

SPOUSE INFORMATION (if applying for Family Coverage)

First Name	Initials	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/>	

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 re-issue each year on the renewal date (September 1st) for the next policy year, unless I provide written notice of termination to Johnson Inc. within 30 days of the re-issue 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

SIGNATURE OF SPOUSE (if applying for Family Coverage)

Date