



Guidelines for Extending Emergency Medical Coverage for a trip already in progress

Use attached form for all 21st Century Travel Insurance products
EXCEPT Visitors to Canada Insurance

Do NOT issue a new policy to anyone who is outside of their province of residence!

Head Office must amend the existing, in-force policy.

Agents are authorized to verbally confirm an extension of an in-force travel policy ONLY if the following two conditions are met:

1. The following "Application to Extend" form, including valid credit card details must be received at Head Office PRIOR to expiry of the existing coverage with 21st Century.
2. All responses to all questions on the form must be "No" for all insureds requiring the extension.

Your Application to Extend will be processed on the next business day and confirmation will be sent to you upon completion.

Exception: In some circumstances, an extension request may exceed the maximum period allowed under the individual's government health insurance plan and/or the maximum duration available under the plan they originally purchased from 21st Century (e.g. *SaveAway max is 60 days for Emergency Medical, etc.*). In these unusual circumstances, please proceed as follows:

- i. during regular business hours, contact Head Office for instructions on how to proceed; or
- ii. outside of 21st Century's regular business hours, you are authorized to verbally confirm an extension **only up to and including the next 21st Century business day** (still subject to compliance with condition 1 and 2 above). We will charge the applicable premium on the next business day (up to a maximum of \$50 per day). You **must** contact us by phone when the office re-opens on the next business day to determine what to do for your client beyond this time period.

THE FULLY COMPLETED FORM (on the next page) MUST BE SENT TO HEAD OFFICE BY:
FAX (1-866-255-0155), or
EMAIL (info@21stcenturytravelins.com)



Application to Extend Emergency Medical Coverage for a trip in progress

Name of Agent and 21st Century Agent Code _____

Full Name of **each Insured requiring extension** (Last Name/First Name as appears on original policy):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

(All Dates are MM/DD/YYYY)

Existing Policy# _____ Existing Expiry Date: _____ NEW Expiry Date _____

Answers to the following health questions must be provided for all Insureds listed above.

(NOTE: If you are requesting a top-up of coverage to one of our Multi-trip plans for someone age 55 or older who has already departed their province of residence, you must also complete a full Medical Questionnaire for the applicable product and submit it with this form).

Since the date you left your province of residence (the Departure Date), have any of the Insureds listed above:

1. **been hospitalized, consulted with, or been examined or treated by any physician; or,**
2. **made any appointments to visit any physician while outside your province or country of residence; or,**
3. **experienced any event that has resulted or may result in a claim against the policy; or,**
4. **experienced any health problem that requires or may require medical attention before you return to your province of residence?**

Provide one overall response for each Insured listed above. A Yes to any question means you must indicate YES below for that insured:

Insured#1	Insured# 2	Insured# 3	Insured# 4	Insured# 5	Insured# 6
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If any question above is answered "Yes", an extension of coverage cannot be confirmed without Head Office approval.

Responses provided by: _____ on this ____ day of _____, 20____ at _____ am/pm

Relationship to the Insured(s): _____

Signature _____ (Must be signed by person providing responses or by agent if taken by phone).

Premium will be calculated and charged on the next business day, based on the premium for the full length of the trip (including the extension), less a credit for the days already covered. The extension is VOID if the credit card cannot be charged for any reason.

CARDHOLDER'S NAME: _____ SIGNATURE (OR WRITE "TAKEN BY PHONE"): _____

MASTERCARD _____ VISA _____ CARD # _____ EXPIRY DATE ____ / ____

Head Office Use only:

Extension Request: Approved Declined New Policy version issued: Premium Charged \$ _____

Signature (21st Century H.O.) _____ Date _____