



TIPS on T.I.P.S. – January 2024

Selling to a Client who Previously Purchased a 21st Century Policy?


...try using the GO Button!

If you have previously sold a 21st Century policy to a client, and they are requesting a new policy, you can use the “GO” button to easily transfer their information into a new quote. This saves you from having to re-enter name, date of birth, address, phone, and email information. Other information may pre-populate, depending on the type of insurance you are selling. To use the “GO” button, find the client’s previous policy by using Policy Search. Locate the “Go” button (see image below). If the prior policy is a Visitor to Canada policy, the system will assume that’s the type of product you want to sell this time, but you can choose any of the other products you have access to by selecting from the drop-down list to the left of the GO button. When you click GO, your new quote will open and you will just have to enter new travel dates and any other missing fields and confirm the other information has not changed.

Named Insureds:

1. **Insured FamilyName, Insured GivenName** (born 11/05/1947. age 75. Male)
Emergency Medical Coverage - Enhanced (Coverage=\$100,000,Deductible=\$250)

Premium	\$4,894.65
Admin Fees	\$50.00
Taxes	\$0.00
Total Charges	\$4,944.65
Settlement	(\$2,905.22)
Other Payment	\$2,039.43
	\$0.00
Monthly Payment	\$407.89

[View Confirmation](#) [View Wording](#) [View Questionnaire](#) Issue New Policy For 21st Century - Visitor To Canada Plan  [Go](#) [View Confirmation in HTML](#)

Whether an Applicant is Age 1 or Age 100, Eligibility Requirements Apply

Each product with 21st Century has eligibility requirements that every individual, regardless of age, must meet to qualify for the product. These eligibility requirements can be found in each product’s policy wording and will also appear as a pop-up after screen one of the application in the TIPS system. The eligibility requirements must be reviewed with **every applicant** to confirm that they are eligible for the product you are selling them. If the answer to any of these questions is Yes, the Insured is not eligible. Coverage will be rescinded if you proceed with the sale and it is discovered at the time of claim that they were ineligible. No claims will be honoured.

Please provide sufficient notice for referral sales and medical underwriting quotes.

If you are referring a sale to our Head Office, we must have sufficient time to reach out to the client and complete the sale. It isn't as simple as processing the payment on a quote you have already created. When we receive a referral, we will reach out to the client directly to confirm the details of their quote, including their contact information, eligibility, and medical questionnaire if necessary. If the client is completing a medical underwriting interview, we would need even more time, as it can be an intensive process depending on the complexity of the insured's medical history. When referring a client, always be sure to start a quote in TIPS and complete all fields on screen one. Move to screen two and take note of the quotation number before referring to us. This gives us the information we need to contact your client and helps ensure you are properly compensated for the sale.

Advising your client about the claims process.

When you are selling a policy, part of the sale should be a conversation about how and when to call the claims department to open a claim. They should call the Assistance Centre **prior to seeking treatment** if possible, or within 24 hours of the emergency at the latest. The numbers for the Assistance Centre can be found on the policy confirmation. There is a toll-free number (within North America) and a collect number (outside North America). After the emergency is over and a case number has been created, there is a different phone number to call to check on the status of a claim, or your client can use the TravelAid mobile app or check the status of their claim on-line. Details are in the policy or will be provided by the Assistance Centre once a claim has been filed. The client is responsible for reporting and monitoring their claims. **Important** – this is the service you are really selling when it comes to travel insurance, so it is important that you explain this process to your clients to convey the value of the product and to avoid any delays or penalties that may apply when claims are not reported in a timely manner.

Please note we do not have access to claims information at Head Office.

Do you have a refund in process? Have you checked the policy notes?

The processing time for Single Premium refunds is currently 10 business days. Before calling Head Office for an update on a refund request, you can check the notes on the policy in TIPS. Our refund department diligently updates these notes to reflect the status of the refund. You will either see a note for CLAIM CHECK IN PROCESS (meaning we are checking with the claims department to ensure there is no claim on the policy), or a note that the refund has been processed with the refund amount detailed. If there is no note after five business days of the refund request being sent, then it would be appropriate to contact Head Office to confirm the request was received.

The processing time for Monthly Pay refunds is much shorter (typically processed within one week). We do not normally add notes to these policies as there is no need to check for any claims before we process the refund, but please wait at least five business days before contacting our office to check on the status of the refund request.

Following up with us too soon or too frequently only slows the process down for your client and for everyone else.