Instructions to Extend a Trip in Progress

ONLY complete this form to apply to extend coverage on an existing policy

Use this form for all 21st Century products for Travelling Canadians
This form is NOT valid for Visitor to Canada insurance

Agents are NOT permitted to issue a new policy to anyone who is outside of their province of residence.

General Instructions

Complete the "Application to Extend" form found on the next page.

- Section A and D must be completed in full.
- Complete section B if the policy has Emergency Medical coverage (Single Trip and Multi-Trip Emergency Medical plans).
- Complete section C if the policy has Trip Interruption coverage (Trip Cancellation & Interruption and Non-Medical Inclusive plans, and SaveAway Non-Medical Bundle plans).
- Complete section B and C if the policy has both Emergency Medical & Trip Interruption coverage (Single Trip and Multi-Trip All-Inclusive plans, and SaveAway Package plans).

The Application to Extend will be processed the next business day. A payment link will be sent to the email address provided. This link is valid for 3 hours upon receipt. A second payment link will be sent if the first one expires. If the second link expires, you will be responsible for contacting 21st Century to provide the credit card details. The extension may be VOID (see exception below) if we do not receive payment before the expiry date shown on the policy confirmation.

Important Notes

In some circumstances, an extension request may exceed:

1. the maximum period allowed under government health insurance programs (GHIP); or
2. the maximum duration available under the plan that was originally purchased (e.g., 30 days for Single Trip All-Inclusive or 60 days for SaveAway Emergency Medical).

In these circumstances, you must:

1. contact 21st Century's head office during regular business hours for instructions on how to proceed; or
2. outside of regular business hours, email the completed form to info@21stcenturytravelins.com BEFORE the existing coverage expires. We will consider backdating the extension if we are able to obtain successful payment and any necessary Medical Questionnaire on the next business day.

Instructions for Agents

Head office MUST amend the expiry date on the existing policy. Agents are authorized to verbally confirm an extension of an in-force travel policy ONLY if the following three conditions are met:

1. The following "Application to Extend" form and any necessary Medical Questionnaire are received by email or fax at Head Office PRIOR to the 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. If any insured has a "Yes" answer, coverage CANNOT be extended and you must contact Head Office.
3. Payment can be successfully processed by 21st Century for the extension by the end of the next business day.

THE FULLY COMPLETED FORM (on the next page) MUST BE SENT TO HEAD OFFICE BY:
Emailing info@21stcenturytravelins.com, or
Faxing 1-866-285-5727

Application to Extend a Trip in Progress

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SECTION A – About the Insured(s)

Policy Number: _____ Current Expiry Date: _____ (mm/dd/yyyy) Requested Expiry Date: _____ (mm/dd/yyyy)

List all countries that you will visit during the extension period: _____

Provide the full name of each Insured requiring the extension (use last name/first name as shown on the policy confirmation)

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

SECTION B – Complete if your policy includes Emergency Medical coverage

Answers to the following health questions must be provided by each Insured or by one family member with full knowledge of the answers to the questions for **all** Insured(s) listed above.

Note: If you are topping up a Multi-Trip policy that includes Emergency Medical coverage for someone age 60 or older, you must also complete a Medical Questionnaire in addition to this form. Single Trip All-Inclusive policies can be extended to a total trip length of 30 days. A new top-up policy must be issued if the trip will be longer than 30 days and will require a Medical Questionnaire for someone age 60 or older. If any question below is answered "Yes", further information will be required.

Since the date the Insured(s) left their province of residence (Departure Date), have they:

1. been hospitalized, consulted with, or been examined or treated by any physician; or
2. made any appointments to visit any physician while outside their province 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 returning home?

Insured #1		Insured #2		Insured #3		Insured #4		Insured #5		Insured #6	
Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐

SECTION C – Complete if your policy includes Trip Interruption coverage

Answers to the following health questions must be provided by each Insured or by one family member with full knowledge of the answers to the questions for **all** Insured(s) listed above. By completing this section, I understand that I will **NOT** be able to claim under my policy for any change fees charged by my travel supplier or travel agent for this date change.

Note: Your extension will automatically include the CFAR rider if it was purchased when the policy was originally sold.

What is the reason for the date change request (explain in detail): _____

_____

_____

Since the date the Insured(s) left their province of residence (Departure Date), has there been any change in health of any Insured or in the health of any family member or travel companion that has had any impact on this change in travel dates?

Insured #1		Insured #2		Insured #3		Insured #4		Insured #5		Insured #6	
Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐

SECTION D – Declaration & Payment

For agent completion only

Agent's Name: _____ Agent's Account Code: _____

As the agent, I obtained the answers to the 4 medical questions above from _____ (print name)

who is _____ (relationship to Insured(s)) on _____ (mm/dd/yyyy) at _____ am ☐ pm ☐, by telephone ☐ email ☐.

For Insured or Family Member completion only

I am an Insured person or a family member of one of the Insured person(s) named above and hereby confirm that all answers indicated above on this form for each Insured are accurate as of _____ (mm/dd/yyyy) at _____ am ☐ pm ☐.

Your Name: _____ Your Relationship to the Insured(s): _____

Within one (1) business day of receiving this extension request form, a payment link will be sent to the email address indicated below. This link is valid for 3 hours upon receipt. A second payment link will be sent if the first one expires. If the second link expires, you will be responsible for contacting 21st Century to provide the credit card details. The extension is VOID if we do not receive payment before the current expiry date shown on the policy confirmation.

Email address to send payment link: _____