

Canadian Police Association: Application for Extended Health Care, Dental, and Journey Travel Plans

If you have any questions about the plan, need assistance completing your application form, or need to submit written notice of change or cancellation please contact the plan administrator, belairdirect at 1 833 460.8380

1. Application information – Please print clearly

First name	Last name	Gender
Address (including apartment/unit #)		Telephone #
City/Town	Province/Territory	Postal code
Date of birth (dd/mm/yyyy)		Email address
Provincial health #		

2. Plan information

Extended Health Care (EHC) plan

I wish to enrol in the EHC plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Indicate status of coverage required	<input type="checkbox"/> Single	<input type="checkbox"/> Couple	<input type="checkbox"/> Family
I am enrolled in a pharmacare plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Annual prescription drug option (select one)						
Standard EHC plan						
<input type="checkbox"/> Drug option A: \$2,000 per household			<input type="checkbox"/> Drug option B**: \$4,000 per household			
Subsidized EHC plan						
<input type="checkbox"/> Drug option A: \$2,000 per household (single coverage \$850***)			<input type="checkbox"/> Drug option B**: \$4,000 per household (not available for single coverage)			
Note: You must maintain enrolment in the EHC plan for a minimum of 12 months. If your province or territory of residence has a pharmacare plan, these insurance coverages are only available if you are enrolled in the pharmacare plan. Once you enrol in drug option B, you must remain in the plan for 24 months. Applicable only to subsidized EHC plan (applicants with member subsidized EHC coverage)						

Journey travel plan (only available with EHC)

I wish to enrol in Journey travel plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "yes", check the appropriate boxes and complete the details below as required.
Note – you must enrol in the EHC plan to choose Journey travel plan. Your coverage option (single, couple or family) under Journey travel plan will match the status of coverage selected under the EHC plan.			
Base plan (select one)		<input type="checkbox"/> 62-day base plan	<input type="checkbox"/> 93-day base plan
This insurance provides an unlimited number of trips within Canada of any duration, and an unlimited number of trips outside Canada of up to 62 or 93 consecutive days, depending on your base plan selection.			
Deductible option (select one)		<input type="checkbox"/> No deductible	<input type="checkbox"/> \$1,000 deductible (save 10% on base plan premiums)
Your deductible option can only be changed at the start of each new policy year, May 1 st .			
<input type="checkbox"/> Supplemental plan – for a single trip of longer than 93 consecutive days outside of Canada, including the date you leave Canada for a period of more than 93 consecutive days and the date you return to your province or territory of residence.			
Note - a 93-day base plan is required in order to purchase a supplemental plan			
Date of departure from Canada (dd/mm/yyyy)		_____	
Date of return to your home province or territory (dd/mm/yyyy)		_____	
<ul style="list-style-type: none"> Supplemental plan premiums are based on the total trip duration increments of 94-98, 99-107, 108-122, 123-137, 138-152, 153-167, 168-182, 183-197 and 198-212 days. For example, a trip of 99 days would have the same premium as a trip of 104 days, as supplemental plans have a set premium for a total trip duration ranging anywhere from 99 to 107 days. 			

Dental plan

I wish to enrol in the dental plan (80% basic, 80% minor, 50% major)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate status of coverage required	<input type="checkbox"/> Single	<input type="checkbox"/> Couple
<input type="checkbox"/> Family		
Note – you must retain enrolment in the dental plan for a minimum of 12 months.		
<input type="checkbox"/> Check here if you are maintaining other existing EHC coverage in addition to this plan*		
Insurance company:	Are you the	<input type="checkbox"/> Member or <input type="checkbox"/> Spouse
Policy #:	_____	
Note – If maintaining coverage under another existing EHC plan, coverage under the selected plan(s) will commence on the 1 st day of the month following the date this application is received.		
Important – you must complete and sign section 4 on the reverse for coverage to be in force.		

<p>If you are not maintaining additional EHC coverage, when transferring from an employer sponsored group insurance plan or your spouse's employer sponsored group insurance plan, you must provide the termination date (in space below). Coverage for this plan is effective the day after your or your spouse's plan terminates.</p>			
Termination Date of Your or Your Spouse's group benefits plan* (dd/mm/yyyy):			
<p>Note - those with existing group EHC benefits must apply within <u>60 days</u> of losing existing employer coverage. After 60 days of prior plan termination, evidence of insurability is required.</p>			
<p>If you have selected couple of family coverage, please provide spousal/dependent details below:</p>			
First name		Last name	
Provincial health #		Date of birth (dd/mm/yyyy)	
First name		Last name	
Provincial health #		Date of birth (dd/mm/yyyy)	
		Gender Dependents age 21+ <input type="checkbox"/> Full Time Student aged 24 or less <input type="checkbox"/> Disabled	
		Gender Dependents age 21+ <input type="checkbox"/> Full Time Student aged 24 or less <input type="checkbox"/> Disabled	
<p>For additional dependents, please provide information on a separate page.</p>			
<p>3. Premium payment and claims reimbursements</p>			
<p><input type="checkbox"/> Automatic bank withdrawal. I authorize belairdirect, the plan administrator, to make monthly deductions (including mid-term adjustments and arrears) from the bank, trust company or credit union account shown on the cheque. Deductions are withdrawn one month in advance, for example, the August 5th deduction pays for September coverage. Due to application processing time, and the effective date of coverage, the initial deduction may cover up to 3 months of premium. I understand that my policy will be automatically cancelled should belairdirect receive two or more Non-Sufficient Funds (NSF) notices on my account.</p>			
<p><input type="checkbox"/> Claim payment direct deposit. I authorize belairdirect to deposit my extended health care (EHC) and dental claims reimbursements directly into my bank account.</p>			
<p><input type="checkbox"/> I have enclosed a sample cheque marked 'VOID' to be used for automatic bank withdrawals and claims reimbursements.</p>			
<p>4. Consent and signature</p>			
<p>I hereby certify that I am a Member in good standing with Canadian Police Association and my eligibility ceases upon termination of my Canadian Police Association membership.</p>			
<p>I acknowledge to be eligible for insurance under the Extended Health Care (EHC) Plan, the Dental Plan and/or Journey Travel Insurance, I must: a) be a member, or a spouse or dependent of a member; b) be a Canadian resident; and c) be insured under my Provincial or Territorial Health Insurance Plan and I confirm that all persons listed on this application are eligible for the selected plan(s). I also acknowledge that the EHC Plan requires members to be enrolled in their provincial Pharmacare Program (if applicable).</p>			
<p>I understand that EHC, Dental and Journey Travel Insurance coverage will begin on the day after my current group benefits terminate OR, if maintaining coverage under my current group plan, on the 1st of the month following the date of receipt of application. If applying as a late applicant, I understand coverage will become effective the date the completed application is approved by the Insurer.</p>			
<p>I also understand that unless I advise belairdirect Agency Inc. in writing to the contrary, the coverage I have selected will remain in effect for each policy year thereafter. belairdirect Agency Inc. will provide me with notification before the beginning of each subsequent policy year, which is May 1st.</p>			
<p>I authorize my "Group", the Canadian Police Association, my "Plan Administrator" belairdirect Agency Inc., my "Insurers" the Manufacturers Life Insurance Company and Belair Insurance Company Inc. (collectively, the "Providers") to collect, use, maintain and disclose my financial, medical and other personal information, including the information relating to any spouse or dependent who may be the subject of this application (the "Information"), for the purposes of the Extended Health Care Plan, Dental Plan and/or Journey Travel Insurance (the "Plans") administration and audit and the assessment, investigation, management, processing and/or underwriting of this application and any claims under the Plans (collectively, the "Purposes"). I authorize any person with Information, including any medical and health professional, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer investigative agency and any administrators of other benefits programs to collect, use, maintain and exchange this Information with each other and with the Providers and any replacement Plan Administrator, Insurer, and/or Administrator approved by my Group, for the Purposes. I understand that any coverage will not become effective until approved by the Providers. I authorize the use of my Provincial Health Number and any Group Member ID for the purposes of identification and administration. For further information on how belairdirect Agency Inc. manages your personal information, please visit: https://www.belairdirect.ca/protecting-your-privacy. For further information on how Belair Insurance Company Inc. manages your personal information, please visit: https://www.BelairInsurance.ca/your-privacy/privacy-policy.</p>			
Signature of applicant		Date (dd/mm/yyyy)	
Signature of spouse (if couple or family coverage selected)		Date (dd/mm/yyyy)	
<p>Please forward application to:</p> <p>belairdirect Group Benefits Administration PO Box 4005, Stn A Toronto, ON M5W 0M7</p>			
<p>© 2025 belairdirect Agency Inc. A member of Intact Financial Corporation. belairdirect Agency Inc. is a licensed insurance intermediary. belairdirect Agency Inc. administers the EHC Plan, Journey Travel Insurance and Dental Care ("Options"). The EHC Plan and Dental Care Option are underwritten by the Manufacturers Life Insurance Company ("Manulife"). Coverage under the EHC Plan is subject to proof of enrolment in the applicable Provincial Pharmacare program. Journey travel plan is underwritten by Belair Insurance Company Inc. ("Belair"). Valid provincial or territorial health plan coverage required. belairdirect Agency Inc. and Belair share common ownership. Travel assistance is provided by Global Excel Management Inc. Eligibility requirements, limitations and exclusions may apply and/or may vary by province or territory. Policy wordings prevail.</p>			