



Application for Odyssey™ Expatriate Benefits Program for Individuals on Foreign Assignment

Please complete this application in black ink. If you have questions or require assistance, please contact **Maclagan Inc.** at telephone: **905-554-0875**, cell: **416-453-9430** fax: **905-294-2235**, or via e-mail at **esmaclagan@rogers.com**

Name: (First, Last) **Sex** **Date of Birth:** (Day/Month/Year)

Mailing Address: **Province:** **Postal Code:**

Contact Telephone: **Fax:** **E-mail:**

Employer / Organization: **Occupation:** **Class:** (see page 2) **Daily Duties:**

AD&D LTD

Social Insurance Number: **Marital Status:** **Citizenship:**

Country of Foreign Assignment: **Estimated Duration:** **Home Country:** (under whose passport you travel)

Annual Basic Salary & Currency: **Departure Date:** **Estimated Return Date:**

Primary Insured Effective Date of Coverage Requested: **Dependent Insured's Effective Date of Coverage (if different):**

Benefit Coverage	Benefit Amount (Payable in US Dollars)	Annual Premiums \$ USD Use rates from brochure or contact us for additional information*
Medical - <input type="checkbox"/> Single Only - <input type="checkbox"/> Couple + _____ # Deps.	\$1Million / person (Mandatory)	\$ _____
AD&D (\$25,000 USD Mandatory)	\$25,000	\$ _____
Dental - <input type="checkbox"/> Single Only - <input type="checkbox"/> Couple + _____ # Deps. (Optional)	Up to \$2,000 / person / year	\$ _____
Optional Life** (Units of \$50,000 to \$1,000,000 USD Max.)	_____ units @ \$50,000 USD = _____	\$ _____
Optional Spousal Life (Units of \$50,000 to \$1,000,000 USD Max.)	_____ units @ \$50,000 USD = _____	\$ _____
Optional Dependent Life	<input type="checkbox"/> \$5,000 or <input type="checkbox"/> \$10,000	\$ _____
Optional AD&D (\$500K USD Max.)	_____ units @ \$25,000 USD = _____	\$ _____
Optional Spousal AD&D (\$500K USD Max.)	_____ units @ \$25,000 USD = _____	\$ _____
Optional Long Term Disability**	<input type="checkbox"/> 60% <input type="checkbox"/> 67% or <input type="checkbox"/> 70% to maximum of \$10,000 USD/monthly <input type="checkbox"/> 30 or <input type="checkbox"/> 90 elimination period	\$ _____
Total Annual Premium		\$ _____ USD

* **Special Note regarding coverage while back in your home country:** Medical coverage under Odyssey is only provided in the insured's Home Country for business or vacation trips up to 90 consecutive days per trip, **provided premium has been paid to include this geographical area.** It is therefore essential to consider in advance at time of application if coverage will be required at anytime in the higher cost areas such as Canada or the USA, even for a few days vacation. If this is the case, you should select the higher rate table to ensure that coverage will be in force at all times.

** **Optional Life and LTD coverage are not available for certain countries.** Visit our website or contact us for details on currently excluded countries.

Please complete and sign page 2 of this Application. Keep a copy for your records.

BENEFICIARY DESIGNATION				
Employee's Beneficiary Designation	Relationship	Beneficiary's Address		
Spouse's Beneficiary Designation	Relationship	Beneficiary's Address		
ELIGIBLE DEPENDENTS TO BE INSURED				
Name	Date of Birth	Gender	Relationship	Location
Note: The Employee and each Dependent must complete a Health Statement for approval by the insurer.				
Date: _____ Applicant's Signature: _____				

CLASS DESCRIPTIONS for Mandatory & Optional Accidental Death & Dismemberment (AD&D) Coverage:

- Class I - All offsite managers, accountants, sales, data interpreter, observers and office workers.
- Class II - All on-site managers, superintendents, tool-pushers and language interpreters.
- Class III - Technicians, supervisors and surveyors.
- Class IV - All on-site manual workers not exposed to unusual risks such as finish phase electricians, carpenters, plumbers, cooks, auto body, millwrights and supply truck drivers
- Class V - All on-site heavy manual workers exposed to considerable accident risks such as drillers, hot-oil operators, rough carpenters, rig mechanics, auto mechanics, line-clearing crews, fish-tool operators, wire line operators and steam fitters.

The above are general guidelines; occupations that do not fit into the above categories or high risk occupations such as Underwater Welder, scuba divers, pilots etc must be underwritten separately by the insurer. Please contact us for additional information or a custom quotation if you are unsure which Class Description fits your occupation.

CLASS DESCRIPTIONS for Optional Long Term Disability (LTD) Coverage:

- Class I - 100% Office based
- Class II - Office based with less than 15% of work period spent out-side of the office environment
- Class III - Working out-side of an office environment for more then 15% of work period BUT less than 50%
- Class IV - Working out-side of an office environment for 51% or more of the work period

Please contact us for additional information or a custom quotation if you are unsure which Class Description fits your occupation.

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