

# APPLICATION FOR GLOBAL EXPATRIATE HOSPITAL & MEDICAL INSURANCE

Each section of this application must be fully completed, including the signature of the person to be insured in order for TIC to quickly process the application for Global Expatriate Hospital & Medical coverage.

**NOTE:** This application form is for:

**Applicant for Basic Plan excluding U.S.A.**

If you require coverage for pre-existing conditions, fill out the Detailed Medical Questionnaire instead.

**MAIL FULLY COMPLETED APPLICATIONS TO:**

**Bridges International Insurance Services**

1406 - 1030 West Georgia Street  
Vancouver, BC, V6E 2Y3  
Attn: Travel Insurance Department

Fax local to: 604-331-1042

Or Fax toll-free to: 1-888-298-6526

## Privacy Policy

The Personal Information Protection & Documentation Act (PIPEDA) applies on collection, use, and/or disclosure of personal information in the course of any commercial activity.

We, TIC Travel Insurance Coordinators Ltd., are committed to comply with all applicable legal and regulatory requirements and extend this obligation to all staff. We are committed to protecting privacy, confidentiality, and security of the personal information we collect, use, and disclose in the course of conducting business.

### How Is Personal Information Used?

Personal Information collected by us is used to provide the requested insurance products and service(s). To protect its confidentiality, access to this information is restricted to those with responsibility to provide the required insurance service(s). When necessary, this information may also be shared with others such as, but not limited to, medical facilities, insurance companies, organizations, or to any person/entity for following reasons:

- To provide you with requested insurance service(s);
- As authorized by you; and/or
- As required by law.

Your personal information will ONLY be shared or disclosed when required to provide you with the insurance products and services you have requested we will NOT release it other than as described above.

### How Is Your Personal Information Protected?

Protection of the personal information collected by us is a priority. Any personal information collected by us is kept confidential at all times and only authorized personnel have access to it. Our procedures and systems are designed to prevent loss, misuse, unauthorized access, disclosure and alteration. Once the information is collected, it is kept in secure storage for the period of time required by law.

We do not sell client lists, nor do we collect, use or disclose our clients' personal information without their consent, except where required by law.

### Whom Do You Contact?

If you have any questions about this policy you may contact:

**Privacy Compliance Officer**

**TIC Travel Insurance Coordinators Ltd.**

1200 - 438 University Avenue  
Toronto, ON M5G 2K8  
Fax: (416) 340-9868

Email: [privacy@travelinsurance.ca](mailto:privacy@travelinsurance.ca)

# Application for Global Exatriate Plan - Basic Plan Excluding USA

## Applicant Information



PLEASE PRINT

Last name: \_\_\_\_\_

First Name: \_\_\_\_\_

Male  Female Date of birth: **MM/DD/YYYY**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Occupation/duties during policy period: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

Have you previously been covered by a TIC/Trent Health policy?

Yes  No

### Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

## Application Details



PLEASE PRINT

Application Date: **MM/DD/YYYY**

Effective Date: **MM/DD/YYYY**

Expiry Date: **MM/DD/YYYY**

Number of Months Coverage: \_\_\_\_\_

For purchase of additional coverage. Previous Policy Number: \_\_\_\_\_

### Residence During Policy Period:

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

## Agent/Broker Information

(IF APPLICABLE)

Selling agent/broker name: (IF APPLICABLE) Bridges International Insurance Services

Agent/broker number: 1345

## Coverage Option



PLEASE CHECK YOUR OPTION

Basic Plan

**Coverage Worldwide**

**Sum Insured**

Sums Insured and deductibles are in Canadian dollars for coverage excluding the U.S.A.

Excluding U.S.A.

\$100,000

