



Bridges International Insurance Services

A division of KRG Insurance Brokers (Western) Inc.

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International Student Plan Application Form

Name (Please PRINT)		Date of Birth	
Last name	First Name	Sex (M/F)	dd / m m / yyyy
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
Address in Canada _____			
City _____	Province _____	Postal Code _____	
Phone _____	E-mail _____		
School Name _____			
School Address _____			
City _____	Province _____	Postal Code _____	
Phone _____			
Beneficiary (*Estate unless otherwise indicated)		Relationship	
_____		_____	
Application Date	dd / mm / yyyy	Application Time	: <input type="checkbox"/> am <input type="checkbox"/> pm
_____	_____	_____	_____
Effective Date	dd / mm / yyyy	Expiry Date	dd / mm / yyyy
_____	_____	_____	_____
Date of Entry to Canada	dd / mm / yyyy	Country of Origin	
_____	_____	_____	
Premium	* Optional limits available with \$20 additional premium.		
<u>1.40</u>	×	_____	+
Daily Rate		No. of Days	
		×	_____
		Optional Limits*	
		×	_____
		No. of Persons	
		=	_____
			Total Premium
Payment Method: Cheque <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/>			
Card No.	_____	Expiry Date	_____/____/____
Cardholder's Name	Signature X _____		

I (We) confirm that I (we) are in good health, that I (we) know of no reason for which I (we) may seek medical attention and that currently no circumstance is known for which a claim may be made. I am aware that pre-existing conditions (as defined in the policy booklet) are excluded in some circumstances. If I (we) have already arrived in Canada, I (we) confirm that I (we) have not seen a physician or other registered medical practitioner since my (our) arrival.

Date

Insured's Signature (or person acting on behalf of Insured): X _____ dd / m m / yyyy