## **Travel Insurance Application**



Please Email this form to: info@biis.ca Toronto TEL: 1-888-298-6526 . FAX: 647-490-9163. Vancouver TEL: 1-888-267-4461. FAX: 604-331-1042

| Please Email this form to: info@blis.ca foronto  | IEL: 1-000-290-03.  | 20, FAX: 047-490-9103                                | , <b>valicouve</b> r TEL: 1-000-207-4401, FA                   | 1A: 004-331   | -1042   |
|--|---|--|--|---|---|
| Language preference ☐ English ☐ Frer   | nch   |  |  |   |   |
| <ol> <li>Coverage is NOT VAILABLE to any individua         <ul> <li>Has been diagnosed with a terminal illn</li> <li>has been diagnosed with stage 3 or 4 can</li> <li>has received treatment for any cancer (skin cancer or breast cancer treated on past3 months; or</li> <li>requires assistance with activities of damedical condition or state of health.</li> </ul> </li> <li>Do you meet the eligibility?  Yes Nowho is purchasing the policy?</li> <li>Visitor to Canada currently in homes</li> </ol> | ess; or<br>cer; or<br>other than basal o<br>ly with hormone th<br>ily living as the res | or squamous cell<br>herapy) in the                   | you exit your country of orig<br>consultation during the perio | t more than<br>le for ben<br>se plan; and<br>ne you puro<br>gin, and kr | n89 years old; and<br>nefits under a Canadian<br>d<br>chase your policy and on the date<br>now of no reason to seek medical |
|  |   | □ Alberta □ British Columbia □ Northwest Territories |  |   |   |
|  |   | □ Ontario □ Manitoba □ Saskatchewan □ Yukon          |  |   |   |
| Step 1 – Applicant Information   | . L   |  | oba il saskatelle wall il Tuko                                 |   |   |
| First Name   |   | Last Name  |  | Birth Date (MM/DD/YYYY)   |   |
| Address in Canada:   |   |  |  |   |   |
| City/Province:   |   | Į  | Postal Code:   |   |   |
| Telephone Number: ( )  |   |  | E-mail Address:  |   |   |
| Step 2 – Coverage Dates  Effective Date: (MM/DD/YYYY)  |   |  | Expiry Date: (MM/DD/YYYY)                                      |   |   |
| Date of Entry to Canada: (MM/DD/YYYY)  | No. of Days Coverage:   |  |  |   |   |
| Step 3 – Coverage Selection and Premium  |   |  | to, or purpocortorage.   | ı   |   |
|  | D is included up to the maximum sum selected)   |  |  |   | Premium \$  |
| Maximum Aggregate     Total Number of Days   | ☐ \$25,000 ☐ \$50,000 ☐\$100,000 ☐ \$500,000  |  |  |   | Days  |
| 2. Total Number of Days     3. Total Premium   | Rate per day x Total number of days   |  |  |   | \$  |
| 4. Deductible Options  | □ \$500 (-15% savings)  |  |  |   |   |
| 5. Deductible Savings  | Total premium x Savings %   |  |  |   | \$  |
| 6. Total Visitors to Canada Plan Premium Due   | Total Premium – Deductible Savings  |  |  |   | \$  |
| Minimum premium for the Visitors to Canada   | plan is \$20 per pol  | licy.  |  |   |   |
| Step 4—Payment ☐ Visa ☐ MC ☐ Amex  |   | ,  | Cardholder's Signature   |   |   |
| Cardholder's Name:   |   |  | Date:  |   |   |
| Credit Card Number:  |   |  | Expi   | ry Date:  | / CVV:  |

Product is underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies and administered by Allianz Global Assistance. Allianz Global Assistance is the registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.