



TRAVEL INSURANCE APPLICATION FOR CANADIAN TRAVELLERS

If medical underwriting is required
please use the appropriate form.

Language preference English French

ELIGIBILITY

To be eligible for coverage you must, as of the date you apply for coverage and the effective date:

- a) be at least 15 days old and no more than 89 years old; and
- b) be insured for benefits under a Canadian government health insurance plan during the entire period of coverage; and
- c) not have been diagnosed with a terminal illness; or
- d) not have been diagnosed with stage 3 or 4 cancer; or have received treatment for any cancer (other than basal or squamous cell cancer or breast cancer treated only with hormone therapy) in the last 3 months; or
- e) not require assistance with activities of daily living as the result of a medical condition or state of health.

Underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies, and administered by Allianz Global Assistance.

STEP 1 - APPLICANT INFORMATION (Please Print)

Sex	First Name	Last Name	Birth Date (MM/DD/YYYY)
Address in Canada			
City/Prov.		Postal Code	
Telephone Number ()		E-mail Address	
Beneficiary Name		Relationship	

STEP 2 - APPLICATION DETAILS (Please Print)

Application Date	Effective Date	For purchase of additional coverage. Previous Policy Number:
Time of Application am pm	Expiry Date	
Destination _____	No. of days coverage _____	
Departure Date _____	Departure Point _____	

STEP 3 - COVERAGE SELECTION

Plans Purchased (check all that apply)	Premium Rate	# of Persons	# of Days	Total Premium
Emergency Hospital & Medical Plans <input type="checkbox"/> USA Plan <input type="checkbox"/> Non-USA Plan <input type="checkbox"/> All-inclusive Package Plan Family Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No Deductible <input type="checkbox"/> \$0 <input type="checkbox"/> \$250 Family rate (maximum age: 59) = two and a half (2.5) times the premium for the eldest adult	\$			\$
Optional Plans <input type="checkbox"/> Trip Cancellation Insured amount \$ _____ <input type="checkbox"/> Baggage <input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="checkbox"/> A.D.&D. <input type="radio"/> \$25,000 <input type="radio"/> \$100,000 <input type="radio"/> \$250,000 <input type="checkbox"/> Flight Accident <input type="radio"/> \$200,000 <input type="radio"/> \$500,000 <input type="checkbox"/> Trip Interruption <input type="radio"/> \$800 <input type="radio"/> \$1,500 <input type="radio"/> \$2,000	\$			\$
Minimum premium levels apply.				TOTAL PREMIUM DUE \$

STEP 4 - PAYMENT AND DECLARATION

<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Diners <input type="checkbox"/> Cheque Card No. _____ Expiry Date ____/____ Auth. No. _____ _____ Cardholder's Name (Please Print) _____ Cardholder's Signature	Submit this Application to: Broker Code 1345 Bridges International Insurance Services Fax: (Vancouver) 604-331-1042 (Toronto) 416-967-6262 Tel: (Vancouver) 1-888-267-4461 (Toronto) 1-888-298-6526 Email: info@biis.ca
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I understand that Emergency Hospital and Medical insurance is subject to limitations and exclusions. I am aware that pre-existing medical conditions may be excluded as set out in the Limitations and Exclusions section of the policy document unless I have completed a Medical Questionnaire, have been approved in writing by Allianz Global Assistance and have paid the required premium. I am in good health and know of no reason to seek medical attention.

Signature of insured (or person acting on behalf of Insured) _____ Date (MM/DD/YYYY) _____

Allianz Global Assistance will collect, use and/or disclose your personal information only to provide you with the insurance products and services you've requested, for other uses authorized by you, or as required by law. READ POLICY BOOKLET CAREFULLY - The policy of Insurance contains important Limitations, Exclusions and Privacy Policy Information. For a copy of the policy, ask your Broker.