Canadian expatriates

Travel Insurance Application

Allianz

Global Assistance

Please Email this form to: info@biis.ca Toronto TFN: 1-888-298-6526, FAX: 416-967-6262, **Vancouver** TFN: 1-888-267-4461, FAX: 604-331-1042

Language preference ❑ English ❑ French

1. Coverage is NOT AVAILABLE to any individual who, as of their effective date:
   a) has been diagnosed with a terminal illness; or
   b) has been diagnosed with or has had an episode of congestive heart failure; or
   c) has had their most recent heart surgery more than 10 years ago; or
   d) has been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); or
   e) has been diagnosed with stage 3 or 4 cancer, or cancer of the lung, liver, pancreas, or bone; or has received treatment for any cancer (other than basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) in the past 3 months; or
   f) has had a lung condition for which, in the last 12 months, they have been prescribed or used home oxygen; or
   g) has received or is awaiting a bone marrow or major organ transplant; or
   h) has been diagnosed with or received treatment for kidney disease requiring dialysis; or
   i) has been diagnosed with an aneurysm that has not been repaired; or
   j) requires assistance with activities of daily living.
2. To be eligible for coverage you must:
   a) be at least 15 days old and not more than 69 years old; and
   b) be either:
      i. a Canadian citizen or Canadian resident residing outside of Canada; or
      ii. a Canadian citizen or Canadian resident returning to reside in Canada, provided you were previously insured under an Allianz Global Assistance administered policy with no lapse in coverage; and
   c) be in good health at the time you purchase your policy.

Do you confirm that you are eligible to apply? ❑YES ❑NO

Step 1 – Applicant Information

Sex M/F	First Name	Last Name	Birth Date (MM/DD/YYYY)

Address:

City/Province: Postal Code:

Telephone Number: ( ) E-mail Address:

Beneficiary Name: Relationship:

Step 2 – Coverage Dates

Effective Date: (MM/DD/YYYY) No. of Months Coverage: Destination:

Step 3 – Coverage Selection and Premium Calculation

Canadian Expatriates plan		Single Premium
1. Plan Options	❑ $100,000 (Standard option) ❑ $500,000 (Enchanced option*) ❑ $2,000,000 (Deluxe option*)	
2. Rate Per Month		
3. Total Number of Months		
4. Total Premium	Rate per month x Total number of months	
5. Deductible Options	❑ $500 (-5% savings) ❑ $1,000 (-10% savings) ❑ $5,000 (-30% savings)	
6. Deductible Savings	Total premium x Savings %	
7. Total Canadian Expatriates Plan Premium Due	Total Premium – Deductible Savings	
	Total Premium Due	$

Minimum premium for the Canadian Expatriates plan is one month per policy.

Step 4 – Payment

❑ Visa ❑ MC ❑ Amex Cardholder's Signature:

Cardholder's Name: Date:

Credit Card Number: Expiry Date: / CVV :