



# 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 F/M                   | 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<br>Time of Application am                      pm | Effective Date<br>Expiry Date                       | For purchase of additional coverage.<br>Previous Policy Number: |
| Destination _____<br>Departure Date _____                          | No. of days coverage _____<br>Departure Point _____ |   |

## STEP 3 - COVERAGE SELECTION

| Plans Purchased (check all that apply)  | Premium Rate         | # of Persons | # of Days | Total Premium |
|---|----------------------|--------------|-----------|---------------|
| <b>Emergency Hospital &amp; Medical Plans</b><br><input type="checkbox"/> USA Plan <input type="checkbox"/> Non-USA Plan <input type="checkbox"/> All-inclusive Package Plan<br>Family Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No    Deductible <input type="checkbox"/> \$0 <input type="checkbox"/> \$250<br>Family rate (maximum age: 59) = two and a half (2.5) times the premium for the eldest adult   | \$                   |              |           | \$            |
| <b>Optional Plans</b><br><input type="checkbox"/> Trip Cancellation    Insured amount \$ _____<br><input type="checkbox"/> Baggage <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500<br><input type="checkbox"/> A.D.&D. <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000<br><input type="checkbox"/> Flight Accident <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$500,000<br><input type="checkbox"/> Trip Interruption <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$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<br>Card No. _____<br>Expiry Date ____/____    CVV No. _____<br>_____<br>Cardholder's Name (Please Print)<br>_____<br>Cardholder's Signature | Submit this Application to:                      Broker Code <u>1345</u><br><b>Bridges International Insurance Services</b><br>Fax: (Vancouver) 604-331-1042 (Toronto) 416-967-6262<br>Tel: (Vancouver) 1-888-267-4461 (Toronto) 1-888-298-6526<br>Email: info@biis.ca |
|---|--|

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.