TRAVEL INSURANCE APPLICATION FOR SUPER VISA

To determine if you are eligible to purchase the Visitors to Canada plan, each applicant must answer the following questions. If you are unsure how to answer any of the questions you must check with your doctor.

STEP 1 ANSWER MEDICAL QUESTIONNAIRE

	Question	YES	NO
1.	Have you been advised against travel by a **physician***?		
2.	Do you have a surgically untreated aneurysm?		
3.	Do you have or have you ever had:		
i.	Pancreatic or Liver Cancer		
ii.	A kidney condition requiring dialysis		
iii.	Congestive Heart Failure		
iv.	A Bone Marrow or Organ Transplant		
v.	A **Terminal Sickness***		
4.	Do you currently reside in a nursing home, assisted living home, convalescent home, hospice or rehabilitation centre?		
5.	Do you require assistance with **normal daily activities***?		
6.	Have you taken (or been prescribed) oral steroids, or used home oxygen to treat a lung condition in the 12 months before your **start date***?		
7.	Please check each condition you have been diagnosed with or **treated*** for in the 12 months before your **start date*** If you answer YES to TWO of the following conditions, you are not eligible:		
i.	Coronary Artery Disease, (including heart attack or angina)		
ii.	Valvular heart disease (including stenosis, regurgitation or valve replacement)		
iii.	Heart arrhythmia (including atrial flutter, atrial fibrillation, ventricular fibrillation or use of a pacemake		
iv.	A lung or respiratory condition for which daily medication has been prescribed (including inhalers)		
v.	Diabetes requiring insulin		
vi.	Stroke or mini-stroke		
vii.	Aneurysm		
viii.	Blood clots		
ix.	Gastro-intestinal bleed		
8.	If you answered YES to ONE of the above conditions: Were you admitted to the **hospital*** for this condition in the 12 months before your **start date***?		

* See policy for definition

Declaration

By typing your name below, you declare that the information given is accurate. If you were unsure about the medical information needed for a question, you have checked with your doctor. You understand that if you have provided incorrect information, the underwriter - Old Republic Insurance Company of Canada will void the policy and cancel all coverage. You also understand that if your health changes before you arrive in Canada, you must contact your broker to update your eligibility.

Your Name:____Date: (dd-mmm-yyyy)_/____/ _____

Note: Submitting a complete 'Medical Eligibility Questionnaire' does not guarantee coverage. Once reviewed, a Travelance broker or representative will contact you to issue the policy and send the policy documents to you.

STEP 2 APPLICANT INFORMATION (please print)			
First Name	Last Name	Gender	Date of Birth
		M/F	
		M/F	
		M/F	
		M/F	
Address in Canada:			
City/Province:		Postal Code:	
Telephone Number: ( )		E-mail Address:	
Beneficiary Name (Relationship)			
Country of Origin:			

STEP 3 APPLICATION DETAILS	
Effective Date (mm/dd/yyyy) :	Expiry Date(mm/dd/yyyy) :
Date of Entry to Canada(mm/dd/yyyy) :	Number of Days Coverage:

STEP 4 COVERAGE SELECTION AND PREMIUM CALCULATION	
Plan to apply for	□Essential □Premier - The covers trip up to 18 months
Plan limit	□$100,000 □$150,000 - Ages under 70years during the entire Period of Coverage may purchase Plan Limits of$100,000 & $150,000 - Ages 70 to under 85 years may only purchase $100,000
Daily Premium (A)	$ /day
Number of Insureds(B)	
Number of days coverage(C)	days
Total Premium(D)	(A)Daily Premium$ X (B)Number of Insureds X(C)Number of days coverage = $
Deductible Options	□$250(-10%savings) □$500(-15%savings) □$1,000(-20%savings) □$5,000(30%savings)
Deductible Savings(E)	(D)Total Premium $ XSavings % = $
Total Premium Due (D) –(E)	(D)Total Premium$ —(E)Deductible Savings $ = $

STEP 5 PAYMENT AND DECLARATION	
□Visa □MasterCard □Amex □Cheque Card NO. ExpiryDate: / Cardholder's Name: Cardholder's Signature:	Submit this Application to: Bridges International Insurance Services(agent TGA0001) E-mail:info@biis.ca Fax:(Toronto)416-967-6262(Vancouver)604-331-1042 Tel:(Toronto)1-888-298-6526 (Vancouver)1-888-267-4461

I understand that VISITORS TO CANADA EMERGENCY MEDICAL INSURNCE is subject to limitations and exclusions. I am aware that agency fee in amount of $100 and other administration fees stated in policy will be charged in case of cancellation. I declare that I am in good health and eligible to this plan and know of no reason to seek medical attention.

Signature of Applicant(or person acting on behalf of Applicant):___________________________ Date(dd/mm/yyyy) :___/___/_____