



YOUTH PLAN APPLICATION FOR CANADIAN TRAVELLERS

If medical underwriting is required, please notify us.

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 30 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)

include name of all persons applying for coverage

Sex	First Name	Last Name	Birth Date (MM/DD/YYYY)
Address in Canada			
City/Prov		Postal Code	
Telephone ()		Email	
Beneficiary Name		Relationship	

STEP 2 - APPLICANT DETAILS (Please Print)

Application Date (MM/DD/YYYY)	For Policy Renewal, please indicate previous Policy Number:
Time of Application am pm	
Effective Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)

STEP 3 - COVERAGE SELECTION

	Premium Rate	# of Persons	Total Premium
Destination	\$		\$
<input type="checkbox"/> USA (Primary destination state:)			
<input type="checkbox"/> Non-USA (Primary destination country:)			
Deductible <input type="checkbox"/> \$0 <input type="checkbox"/> \$250			
Family Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No			
(Subject to provincial sales Tax: Ontario 8%, Quebec 9%, Manitoba 8%) TAX			\$
Total Premium Due			\$

STEP 4 - PAYMENT AND DECLARATION

<p>Payment Information</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Cheque</p> <p>Card Number</p> <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>Expiry Date (MM/YY) ____ / ____ Auth. No. ____</p> <hr/> <p>Cardholder's Name (Please Print)</p> <hr/> <p>Cardholder's Signature</p>																		<p>Submit this Application to: Broker Code: 1345</p> <p>Bridges International Insurance Services</p> <p>E-mail: info@biis.ca</p> <p>(Toronto) Fax: 416-967-6262 Tel: 1-888-298-6526 (Vancouver) Fax: 604-331-1042 Tel: 1-888-267-4461</p> <div style="text-align: right;"> </div>

I understand that Youth Plan 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.