Inpatriates to Canada

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) not be insured or eligible for benefits under a Canadian government health insurance plan; and
   c) be in good health at the time you purchase your policy and on the date you exit your country of origin, and know of no reason to seek medical consultation during the period of coverage; and
   d) not have exceeded two years of uninterrupted coverage under an Allianz Global Assistance administered insurance plan.

Step 1 – Applicant Information

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

Address in Canada:

City/Province: Postal Code:

Telephone Number: ( ) E-mail Address:

Beneficiary Name: Relationship:

Country of Origin:

Step 2 – Coverage Dates

Effective Date: (MM / DD / YYYY) Expiry Date: (MM / DD / YYYY)

Date of Entry to Canada: (MM / DD / YYYY) No. of Days Coverage:

Step 3 – Coverage Selection and Premium Calculation

A. Inpatriates to Canada plan (AD&D is included up to the maximum sum selected)		Single Premium
1. Maximum Aggregate	☐ $100,000 ☐ $150,000 ☐ $200,000	
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 Inpatriates to Canada Plan Premium Due	Total Premium – Deductible Savings	
B. Flight Accident	☐ $200,000 ☐ $500,000	
C. Trip Interruption	☐ $800 ☐ $1,500 ☐ $2,000	
	Total Premium Due = A + B + C	$

Minimum premium for the Inpatriates to Canada plan is one month per policy.

Step 4 – Payment

❑ Visa ❑ MC ❑ Amex Cardholder's Signature:

Cardholder's Name: Date:

Credit Card Number: Expiry Date: /

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