

**Health and Hospitalization Insurance
for International Students**

Your personal information is collected for the purpose of providing you with insurance services, claims analysis and payments. Call 1-800-891-0370 for a copy of the ETFS Privacy Statement. For Privacy Information, please see www.royalsunalliance.ca, or call us at 1-800-716-4339.

APPLICATION

ELIGIBILITY

To be eligible for coverage under this plan:

- The applicant must:
 - be 65 years old or less; and
 - not be eligible for a provincial or territorial health insurance plan in Canada; and
- The applicant must:
 - be a student and provide proof of admission in a recognized Canadian institution of learning; or
 - be a student completing post-doctorate research in a recognized Canadian institution of learning.
- The applicant's spouse and child(ren) may be covered if the appropriate premium is paid. (See definitions of spouse and child(ren) on the back.)

APPLICANT INFORMATION

F
 M | Last Name: _____ | First Name: _____

Country of Origin: _____ | Date of Birth (D/M/Y): ____ / ____ / ____ | Date of Arrival in Canada (D/M/Y): ____ / ____ / ____

Please enclose proof of admission and registration at a recognized Canadian institution of learning. | School Name: _____

Address in Canada: _____ | Apt: _____

City: _____ | Province: _____ | Postal Code: _____

Phone Number: _____ | Fax Number: _____ | Email: _____

Beneficiary in case of death: _____

DEPENDENT INFORMATION

Spouse: Legally married Residing together for at least the last 12 months | Date of Arrival in Canada (D/M/Y): ____ / ____ / ____

	LAST NAME	FIRST NAME	Date of Birth (D/M/Y)	SEX
Spouse:	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>
Child:	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>
Child:	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>
Child:	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>

INSURANCE PERIOD and PAYMENT MODE

Desired Effective Date (D/M/Y): ____ / ____ / ____ | Termination Date (D/M/Y): ____ / ____ / ____ | Number of months of coverage: ____ | Total Premium Due: _____

Cash Certified Cheque / Money Order
 Visa Master Card Diners American Express

Credit Card Number: _____ | Expiry Date (M/Y): ____ / ____

Cardholder's Signature: _____

MEDICAL AUTHORIZATION and DECLARATION

I understand that I must purchase the policy within 30 days from the earlier of the date of my arrival in Canada, or the date of my enrolment at a recognized Canadian institution of learning. I understand that if I am presently insured under an insurance policy administered by ETFS, I must pay the insurance premium prior to the termination date of my existing policy. If I do not satisfy the above conditions, I understand that I will not be covered for a sickness occurring during the first 30 days of this insurance coverage.

I understand that Royal & Sun Alliance Insurance Company of Canada and Global Excel Management Inc. may investigate my claim. By signing this application, I also hereby direct and authorize any physician, health care practitioner, hospital or other medical care facility, pharmacy, the Ministry of Health or any other person who has attended and examined me or who has knowledge or records of me or my health, to furnish to Royal & Sun Alliance Insurance Company of Canada and to Global Excel Management Inc. any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.

Applicant's Signature: _____ Date (D/M/Y): ____ / ____ / ____

RATE SCHEDULE

MONTHS	Individual Coverage	Student with 1 dependent	Student with 2 or 3 dependents	Student with 4 or more dependents
12	\$578	\$1,271	\$2,465	\$3,451
11	\$573	\$1,259	\$2,438	\$3,417
10	\$525	\$1,153	\$2,233	\$3,129
9	\$477	\$1,047	\$2,028	\$2,841
8	\$429	\$941	\$1,823	\$2,553
7	\$381	\$835	\$1,618	\$2,265
6	\$333	\$729	\$1,413	\$1,977
5	\$280	\$613	\$1,189	\$1,663
4	\$227	\$497	\$965	\$1,349
3	\$174	\$381	\$741	\$1,035
2	\$116	\$254	\$494	\$690
1	\$58	\$127	\$247	\$345

The rates and products described are subject to change without notice at any time.

Apply by fax: When applying by fax, please make your premium payment by credit card. Certified cheques and money orders will be accepted by mail provided the payment is received within 10 business days of the application. No coverage will be in effect unless premium payment has been received.

DEFINITIONS

"Child(ren)" means an unmarried child of the principal insured or his/her spouse, who is dependent on the principal insured for support, provided that such child is 22 years old or less on the date the policy was purchased, or is 25 years old or less provided it can be proven that the child is a full-time student, or is over 22 years of age and has a permanent physical impairment or a permanent mental deficiency on the purchase date and who is dependent on the principal insured for support.

"Spouse" means the person, aged 65 or less, to whom the principal insured is legally married or with whom the principal insured has been residing for at least the last 12 months.

FOR OFFICE USE ONLY

Effective Date (D/M/Y): / /

Policy Number:

Expiry Date (D/M/Y): / /

Premium Paid:

30 Day Penalty

Medi-Select Advantage® Health and Hospitalization Insurance for International Students is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by Expert Travel Financial Security (E.T.F.S.) Inc., a member of the ETFS Financial Group.

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