TIC travel insurance ®

TRAVEL INSURANCE APPLICATION FOR VISITORS TO CANADA

If medical underwriting is required please use the appropriate form.

Language preference ❑ English ❑ French

Coverage is NOT AVAILABLE to any individual who:

a) has been diagnosed with a terminal illness;
b) has Acquired Immune Deficiency Syndrome (AIDS)or Human Immunodeficiency Virus (HIV);
c) has Alzheimer's Disease or any other type of dementia;
d) has received any type of treatment for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
e) has been prescribed home oxygen treatment in the last 12 months;
f) has had a major organ transplant (heart, kidney, liver, lung); or
g) has received kidney dialysis treatment in the last 12 months.

Underwritten by Co-operators Life Insurance Company.
Property risks are underwritten by The Sovereign General Insurance Company.

STEP 1 APPLICANT INFORMATION (Please Print)

Sex	First Name	Last Name	Birth Date
M / F			M M / D D / Y Y Y Y
M / F			M M / D D / Y Y Y Y
M / F			M M / D D / Y Y Y Y
M / F			M M / D D / Y Y Y Y

Address in Canada

City/Prov. Postal Code

Telephone Number ( ) E-mail Address

Beneficiary Name Relationship

Departure Country

STEP 2 APPLICATION DETAILS (Please Print)

Application Date M M / D D / Y Y Y Y

Time of Application _____ am _____ pm

Date of Entry to Canada M M / D D / Y Y Y Y

Effective Date M M / D D / Y Y Y Y

Expiry Date M M / D D / Y Y Y Y

No. of Days Coverage _____

For purchase of additional coverage.
Previous Policy Number:
_____

STEP 3 COVERAGE SELECTION AND PREMIUM CALCULATION

A. Emergency Hospital & Medical (AD&D is included up to the aggregate limit selected)		**Single Premium**	**Family Premium**
1. Maximum Aggregate	❍ $10,000 ❍ $25,000 ❍ $50,000 ❍ $100,000 ❍ $150,000		
2. Family Coverage	❍ Yes ❍ No		
3. Rate Per Day	Family rate (maximum age: 69) = 2 x Single rate		
4. Total Number of Days			
5. Total Premium	Rate per day x Total number of days		
6. Deductible Options	❍ $100 (-5% savings) ❍ $250 (-10% savings)		
7. Deductible Savings	Total premium x Savings %		
8. Total EHM Premium Due	Total Premium – Deductible Savings		
B. Flight Accident	❍ $200,000 ❍ $500,000		N/A
C. Trip Interruption	❍ $800 ❍ $1,500 ❍ $2,000		N/A
	Total Premium Due = A + B + C	$	$

Highlighted fields must be completed, where applicable. Minimum premium for Hospital & Medical is $20 per policy.

STEP 4 PAYMENT AND DECLARATION

❑ Visa ❑ MC ❑ Amex ❑ Diners ❑ Cheque

Card No.

Expiry Date _____ / _____ Auth. No. _____

Cardholder's Signature

Submit this Application to: Agency Code **2918**

Kinnell Travel & Health Plans Inc.

Fax: 705-721-5880
Phone: 705-737-4203
Toll free: 1-800-238-8284
Email: service@kinnellinsurance.com

Mailing Address:
1410 – 64 Cedar Pointe Dr.
Barrie, Ontario L4N 5R7

I understand that 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 TIC and have paid the required premium. I also understand that sickness related coverage begins 48 hours from the effective date unless this coverage is purchased prior to arrival in Canada or at least 5 days before the expiry date of my existing TIC Visitors to Canada policy. I declare that 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)

TIC 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 agent/broker or visit our website: **www.travelinsurance.ca**.