

Travel insurance Application

Language preference ☐ English ☐ French

Do NOT fax, email or mail this document. If you wish to issue a policy it MUST be completed on QuickTIC.

- Coverage is NOT AVAILABLE to any individual who, as of their **effective date**:
 - has been diagnosed with a **terminal** illness; or
 - has been diagnosed with or has had an episode of congestive heart failure; or
 - has had their most recent **heart surgery** more than 10 years ago; or
 - has been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); or
 - 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
 - has had a lung condition for which, in the last 12 months, they have been prescribed or used home oxygen; or
 - 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**.
- To be eligible for coverage **you** must:
 - be at least 15 days old and not more than 89 years old; and
 - not be insured or eligible for benefits under a Canadian government health insurance plan; and
 - 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
 - not have exceeded two years of uninterrupted coverage under a TIC insurance plan.

Step 1 – Applicant Information

Sex	First Name	Last Name	Birth Date
M / F			MM / DD / YYYY
M / F			MM / DD / YYYY
M / F			MM / DD / YYYY
M / F			MM / DD / YYYY

Address in Canada:

City/Province:

Postal Code:

Telephone Number: ()

E-mail Address:

Beneficiary Name:

Relationship:

Departure Country:

Step 2 – Application Details

Application Date: MM / DD / YYYY	Effective Date: MM / DD / YYYY	Expiry Date: MM / DD / YYYY
Date of Entry to Canada: MM / DD / YYYY	Time of Application: am pm	No. of Days Coverage:

Step 3 – Coverage Selection and Premium Calculation

A. Visitors to Canada plan (AD&D is included up to the maximum sum selected)		Single Premium	Family Premium
1. Maximum Aggregate	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000		
2. Family Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Rate Per Day	Family rate (maximum age: 59) = 2 x Single rate of eldest person		
4. Total Number of Days			
5. Total Premium	Rate per day x Total number of days		
6. Deductible Options	<input type="checkbox"/> \$100 (-5% savings) <input type="checkbox"/> \$250 (-10% savings) <input type="checkbox"/> \$1,000 (-20% savings) <input type="checkbox"/> \$3,000 (-30% savings)		
7. Deductible Savings	Total premium x Savings %		
8. Total Visitors to Canada Plan Premium Due	Total Premium – Deductible Savings		
B. Flight Accident	<input type="checkbox"/> \$200,000 <input type="checkbox"/> \$500,000		N/A
C. Trip Interruption	<input type="checkbox"/> \$800 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000		N/A
Total Premium Due = A + B + C		\$	\$

Minimum premium for the Visitors to Canada plan is \$20 per policy.

Step 4 – Payment

☐ Visa ☐ MC ☐ Amex ☐ Diners ☐ Cheque

Card No. | | | | | | | | | | | | | | | | | |

Cardholder's Signature:

Expiry Date: / Authorization Number:

Date: MM / DD / YYYY

Cardholder's Name: