CANADIAN DIABETES ASSOCIATION
TRAVEL HEALTH INSURANCE BASIC PLAN POLICY APPLICATION

POLICY NUMBER: 9216450

REFER TO BROCHURE FOR RATES

(1) _____

Family Name (Print)　　　First Name　　　Health Card #

TYPE 1
TYPE 2
NON-DIABETIC
STATUS

Birth Date M/D/Y　　　Premium

(2) _____

Family Name (Print)　　　First Name　　　Health Card #

TYPE 1
TYPE 2
NON-DIABETIC
STATUS

Birth Date M/D/Y　　　Premium

(3) _____

Family Name (Print)　　　First Name　　　Health Card #

TYPE 1
TYPE 2
NON-DIABETIC
STATUS

Birth Date M/D/Y　　　Premium

(4) _____

Family Name (Print)　　　First Name　　　Health Card #

TYPE 1
TYPE 2
NON-DIABETIC
STATUS

Birth Date M/D/Y　　　Premium

_____

Telephone #　　　Address　　　City　　　Province　　　Postal Code　　　Sub Total

_____

Name *(Credit Card Holder)*　　　First Name　　　Credit Card #　　　Expiry Date

Tax *(9% Que., 8% Ont.)*

I WISH TO PAY BY:
☐ VISA　☐ CHEQUE
Please make cheque payable to **Queensbury Insurance Brokers Inc.**

_____

Signature　　　Date　　　CDA Membership #

TOTAL

Please return the first two copies of this form to
QUEENSBURY GROUP, 86 WILSON STREET, SUITE "B", OAKVILLE, ONTARIO L6K 3G5
and keep the third copy for your record.

CANADIAN DIABETES ASSOCIATION
TRAVEL HEALTH INSURANCE SUPPLEMENTAL PLAN POLICY APPLICATION

POLICY NUMBER 9216450

Addendum: _____

Date: _____

REFER TO BROCHURE FOR RATES

Name of Insured _____

Address _____ City _____ Prov. _____ Postal Code _____

Basic Plan Effective from _____ to _____   Travelling Dates: from _____ to _____   Total number of days out of Province: _____

	Family Name (Print)	First Name	TYPE 1 / TYPE 2 / NON-DIABETIC — STATUS	Birth Date M/D/Y	Premium
(1)					
(2)					
(3)					
(4)					

Name *(Credit Card Holder)* _____ First Name _____ Credit Card # _____ Expiry Date _____

I WISH TO PAY BY:
☐ VISA   ☐ CHEQUE
Please make cheque payable to
Queensbury Insurance Brokers Inc.

Tax *(9% Que., 8% Ont.)*

Signature _____ Date _____

TOTAL

Please return the first two copies of this form to **QUEENSBURY GROUP, 86 WILSON STREET, SUITE "B", OAKVILLE, ONTARIO L6K 3G5**
and keep the third copy for your record.