

TRAVEL EMERGENCY HOSPITAL/MEDICAL INSURANCE Application Form

Plan Information

- * For travel within Canada including the insured's province or territory of residence or the province or territory where the insured holds valid government health insurance plan (GHIP).
- * This insurance can only be purchased prior to departure and for the total duration of the trip.
- * No age restriction applies for trips of 365 days or less.
- * Family coverage is available. Multiply the single rate of the oldest traveller by 2.

Family Coverage means that an insured has chosen the family coverage option to cover his/her spouse and his/her children under the medical coverage for insured adults and has paid the required premium for such coverage.

Eligibility

- * Available only to Canadian citizens or landed immigrants, covered by a Canadian government health insurance plan (GHIP).
- * Medical and hospital benefits are payable to a maximum of \$5 million.
- * Canadian residents travelling outside their home province for more than 6 months must receive written permission from their provincial government to maintain their Canadian government health insurance plan.

Client#: <input style="width: 90%;" type="text"/>	Trip#: <input style="width: 90%;" type="text"/>
Name of Insured: _____	
_____	Date of Birth <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> (DD/MM/YY) Age: _____
_____	Date of Birth <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> (DD/MM/YY) Age: _____
Travel Dates	
From: <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> (DD/MM/YY)	
To: <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> (DD/MM/YY)	
Payment: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Credit Card # : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Expiry Date: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>

