

## \* Minimum 10 day VISITORS TO CANADA TRAVEL INSURANCE

### Plan Information

- \* This insurance provides coverage in Canada and during a temporary visit to another country (excluding the country of origin), however the side trip must not exceed 49% of the covered trip's duration.
- \* 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.
- \* This insurance can be purchased prior to or after arrival in Canada. If purchased after arrival, any sickness occurring during the first 48 hours following the contracted effective date will not be covered.

### Eligibility

- \* To purchase this insurance coverage, the client must be 85 years of age or less on the date of application.
- \* The applicant must be a visitor to Canada, a person with a Canadian work visa or student visa, an immigrant to Canada or a Canadian not covered by a government health insurance plan (GHIP).

### Deductible

- \* \$50 CAD per insured, per covered trip, for the \$25,000 and \$50,000 options.
- \* No deductible for the \$150,000 option.

### Rates

- \* These rates are subject to change without notice.

RATES PER DAY PER PERSON			
Age	Sum Insured		
	\$25,000	\$50,000	\$150,000
0-24	\$2.14	\$2.46	\$3.85
25-39	\$2.84	\$3.19	\$3.85
40-59	\$3.19	\$3.57	\$5.46
60-64	\$4.28	\$5.24	\$9.50
65-69	\$4.70	\$5.43	\$9.50
70-74	\$5.87	\$6.86	
75-79	\$8.05	\$8.97	
80-85	\$12.95	\$14.40	

Client#:  Trip#:

Name of Insured: \_\_\_\_\_

\_\_\_\_\_ Date of Birth / /  Age: \_\_\_\_\_  
(DD/MM/YY)

\_\_\_\_\_ Date of Birth / /  Age: \_\_\_\_\_  
(DD/MM/YY)

Country of Origin: \_\_\_\_\_

Effective Date/Date of Arrival in Canada: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**(\* Minimum 10-Day Purchase for package 7 days and more)**

Coverage Amount:  \$25,000  \$50,000  \$150,000  
(Choose Limit Desired)

Payment:  Visa  Mastercard

Credit Card # :

Expiry Date: /