

FOR OFFICE USE ONLY - Policy # _____ **Date:** _____ **Agent:** SBIS Web

PART 1 - ELIGIBILITY - You are eligible for coverage if

1. You are not travelling against a physician's advice and you have not been diagnosed with a terminal illness.
2. You confirm that you are in good health and that you know of no reason for which you may need to seek medical attention.
3. You confirm that there is no circumstance known for which you may claim.
3. Inbound Students: If you have already arrived in Canada, you confirm that you have not seen a physician or other registered medical practitioner since your arrival.
4. Outbound Students: If you have already departed from Canada, you confirm that you have not seen a physician or other registered medical practitioner since your departure.

I acknowledge that I/we have read and understand the eligibility criteria and am/are eligible

PART 2 - PLAN SELECTION

INBOUND (Studying in Canada)	Date of Arrival (dd/mm/yy)	OUTBOUND (Canadian Students studying abroad)	Departure Date (dd/mm/yy)
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PART 3 - APPLICANT INFORMATION

COVERAGE: Single Couple Family

Last Name	First Name	Date of Birth (dd/mm/yy)		
1)			Male	Female
2)			Male	Female

ADDRESS IN CANADA

Street: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Email: _____ Country of Origin: _____

Name of Educational Institution: _____ **BENEFICIARY:** _____

Note: If no beneficiary is listed it will default to the Estate.

PART 4 - TRIP INFORMATION and PRE-EXISTING CONDITION STABILITY

Application Date (dd/m/yy) **Effective Date** (dd/mm/yy) **Expiry Date** (dd/mm/yy)

STABILITY PERIOD

Pre-existing conditions are covered provided they have been stable 90 days prior to effective date.

RATE CALCULATION

Daily Rate	# of Persons	Number of Days	Additional Premium (if applicable)	TOTAL PREMIUM DUE
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OPTIONAL RIDER

Do you wish to purchase the optional AD&D Rider?

Applicant 1:	Yes	No
Applicant 2:	Yes	No

PART 5 – PAYMENT INFORMATION

Visa Mastercard ** An agent will be contacting you for the CVV (3 digit number on the back of your card)

Card #: _____ Expiry Date: _____ Name on Card: _____