

STUDENT TRAVEL INSURANCE APPLICATION FORM

Eligibility

You are **eligible** for coverage under this policy if:

- You are under the age of 45; and
- You are either a full-time student with proof of admission or enrolment in a recognized institute of learning; or a full-time student completing post-doctoral research in a recognized institute of learning; and
- You are purchasing coverage as:
 - an inbound student, when your home country is not Canada and you are temporarily residing in Canada; or
 - an outbound student, when your *home country* is Canada, and you are covered under a Canadian provincial/territorial government health insurance plan while you are temporarily residing outside Canada; or
 - a national student when your *home country* is Canada and you are covered under a Canadian provincial/territorial government health insurance plan while you are temporarily residing in another Canadian province or territory.

You can insure your *spouse* and *dependants* under your policy.

It's your responsibility to ensure continued coverage, where applicable, under the provincial/territorial government health insurance plan of the province/territory where you permanently reside.

You are NOT eligible for coverage if you answer "Yes" to ANY of the following questions:

- Has a physician advised you against travel?
- Have you used home oxygen at any time during the 12 months prior to the date of application?

- Do you require kidney dialysis?

- Have you been diagnosed with a terminal illness with less than two years to live?

If you have answered "Yes" to any of the questions, you are not eligible for coverage. Do not proceed any further.

If your *spouse* or any of your *dependants* has answered "Yes" to ANY of the questions, then that person is not eligible for coverage under this plan.

☐ I confirm that I and, if applicable, each person listed in my application for Family Coverage, answered NO to each question, and am/are eligible for coverage.

Definitions

Dependant means your unmarried child living with you who is under age twenty-one (21) and who is dependent upon you for at least fifty percent (50%) of their maintenance and support, and who is residing with you on your trip.

Home or **Home country** means the country where you permanently reside.

Spouse means the person to whom you are legally married, or with whom you have been living in a conjugal relationship for at least one full year before the effective date of this insurance, and who is residing with you on your trip.

| | 9 | Ste | p 1 • Applican | t Infor | rmation | | |
|-------------------------------------|------------|--------------|--|---------|--|----------------------------|----------------------------|
| APPLICANT Last Name | First Name | | | | □ M □ F | DATE OF BIRTH (MM/DD/YYYY) | |
| HOME ADDRESS | | | | | | | |
| Street | Apt No. | City | Province | /State | Country | Postal/Zip Code | Phone |
| ADDRESS DURING STUDYING PERIOD | | | | | | | |
| Street | Apt No. | City | Province | /State | Country | Postal/Zip Code | Phone |
| EMERGENCY CONTACT | | | | | | | |
| Name | | Relationship | | Country | Phone | | |
| FOR STUDENTS COMING TO CANADA | | | FOR CANADIANS | | | DATE OF API | PLICATION |
| Arrival date in Canada (MM/DD/YYYY) | | | Date you leave/left your <i>home</i> province (MM/DD/YYYY) | | (MM/DD/YYYY) | | |
| NAME OF SCHOOL | | | CITY EDUCATION START DATE (MM/DD/YYYY) | | EXPECTED EDUCATION COMPLETION DATE (MM/DD/YYYY) | | |
| | Step 2 | 2 • | Spouse & Depe | ndan | <i>t</i> Informati | on | |
| SPOUSE Last Name | | | First Name | | | □ M □ F | DATE OF BIRTH (MM/DD/YYYY) |
| 1. DEPENDANT Last Name | | | First Name | | | □ M □ F | DATE OF BIRTH (MM/DD/YYYY) |
| 2. DEPENDANT Last Name | | | First Name | | | □ M □ F | DATE OF BIRTH (MM/DD/YYYY) |
| 3. DEPENDANT Last Name | | | First Name | | | □ M □ F | DATE OF BIRTH (MM/DD/YYYY) |
| | | Ste | p 3 • Duration | of Co | overage | | |
| START DATE | | _ | ND DATE | | | TOTAL NUME | BER(1) OF DAYS |

| Step 4 • Calculati | ion of Premium | | | | | | |
|---|--|---|--|--|--|--|--|
| PREMIUM PER DAY = \$2.70 CDN | | | | | | | |
| SINGLE COVERAGE FOR INBOUND OR OUTBOUND STUDENTS Line A x \$2.70 = Line B | \$ Line B | | | | | | |
| SINGLE COVERAGE FOR NATIONAL STUDENTS Line A x \$1.35 = Line C | \$ Line C | | | | | | |
| FAMILY COVERAGE FOR INBOUND OR OUTBOUND STUDENTS Line B x 2 | | | \$ | | | | |
| FAMILY COVERAGE FOR NATIONAL STUDENTS Line C x 2 | \$ | | | | | | |
| Step 5 • Payment | | | | | | | |
| Payment Method: ☐ Visa ☐ MasterCard ☐ American Express Cardholder's Name | Company) | | | | | | |
| Credit Card Number | Expiry Date | oiry Date Note: Coverage will not take effect if your credit card number is invalid or payment is rejected for any reason. | | | | | |
| | number is invalid or pay | or payment is rejected for any reason. | | | | | |
| Applicant's Declaration • Plea | ase read carefully | y before sig | ning | | | | |
| Declaration. I am applying to The Manufacturers Life Insurance Company (Manulife) for understand that I must purchase this policy prior to my arrival in Canada if I am outbound trip; or prior to my departure from my principal province of residence loss resulting from illness if I purchase this insurance after arrival at my destinat Students. I declare that all the information I have provided on this application form is tri Travel Insurance for Students, and understand the terms, conditions and exclusions (incluthat if any material information provided in this application is misrepresented, then Manuauthorize any hospital, physician, other medical service provider or any other organization Manulife, its administrators, and its reinsurers any such information for the purpose of the Notice on Privacy and Confidentiality. The specific and detailed information requested confidentiality of this information, Manulife will establish a "financial services file" from services and process claims. Access to this file will be restricted to those Manulife employ of risk (underwriting), marketing and administration of services and the investigation of people, organizations and service providers may be in jurisdictions outside Canada, and services are serviced to those that the investigation of the people, organizations and service providers may be in jurisdictions outside Canada, and service providers may be in jurisdictions outside Canada. | on an inbound trip; or prior if I am a National Student. tion or expiry date of a Manue and complete. I understand uding the pre-existing condition ulife may void the coverage of on or person that has any recomis application and contract and on the application form is rewhich this information will be yees, mandataries, administrat claims, and to any other person | to my departure f Otherwise, a waiti fulife Financial Travitis my responsibilitine exclusion) that app the person whose in ds or knowledge of radiany subsequent clarured to process the used to process the ors or agents who are you authorize or as | rom Canada if I am on an ing period will apply for any vel Insurance for Policy for any to read the policy, Manulife by to my coverage. I understand formation is misrepresented. I me or my health to release to him. Le application. To protect the application, offer and administer re responsible for the assessment | | | | |

Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6.

Applicant Signature Date Signed

Return this application form with your payment to your agent/advisor: Special Benefits Insurance Services
Fax: (1) 416-601-0308 or Email: general@sbis.ca

Advisor's Report • For Advisor/Agent Use Only

You confirm that you have disclosed the following information to the applicant:

- the name of the company or companies you represent
- that you receive commissions for the sale of life and accident and sickness insurance products and may receive bonuses, invitations to conferences or other incentives; and
- any conflicts of interest you may have with respect to this transaction.

Agent/Advisor – Please complete this section

| Agent name | Telephone number 1-800-667-0429 | Fax number 1-416-601-0308 | Agent selling code AT47699 / SB000 |
|---|---------------------------------|-------------------------------|------------------------------------|
| Company name and address Special Benefits Insurance Services - 700-366 Ba | | Email address general@sbis.ca | Resource centre code |

Agent/Advisor - Please send completed applications to:

Manulife Financial Travel Insurance P.O. Box 4262, Stn A Toronto, ON M5W 5T4 1 866 814-2675

Manulife Travel Insurance is offered through The Manufacturers Life Insurance Company.

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