

PART 3 APPLICANT INFORMATION

Applicant 1			Applicant 2		
Last Name			Last Name		
First Name			First Name		
Date of Birth	DD / MM / YY	Age at Application	Date of Birth	DD / MM / YY	Age at Application
Address				Suite	
City		Prov.	Postal Code	Phone ()	

Email Address (if any)

FAMILY DEPENDENT INFORMATION (if additional space for dependents is needed, please attach the information on a separate sheet)

Last Name	First Name	Date of Birth
1.		DD / MM / YY
2.		DD / MM / YY

PART 4 TRAVEL INFORMATION

Applicant 1 Section (Single or Family)	Applicant 2 Section
---	----------------------------

SINGLE TRIP COVERAGE (Count both the Departure and Return Dates when determining the # of Travel Days)

Departure Date (Policy Effective Date)	DD / MM / YY	Departure Date (Policy Effective Date)	DD / MM / YY
Return Date (Policy Expiry Date)	DD / MM / YY	Return Date (Policy Expiry Date)	DD / MM / YY
Daily Rate _____ X # of Days _____ = \$ _____ A1		Daily Rate _____ X # of Days _____ = \$ _____ A2	

ANNUAL / MULTI-TRIP COVERAGE If you are age 55 & over and would like to purchase an annual plan longer than our 16 Day Annual Plan, refer to our The Destination: Travel Health Plans.

Covers the first 8, 16 or 32 days of any trip taken during the 365-day period from your policy effective date

<input type="radio"/> 8 Days <input type="radio"/> 16 Days <input type="radio"/> 32 Days	<input type="radio"/> 8 Days <input type="radio"/> 16 Days <input type="radio"/> 32 Days		
Policy Effective Date	DD / MM / YY	Policy Effective Date	DD / MM / YY
Annual / Multi-Trip Premium = \$ _____ B1		Annual / Multi-Trip Premium = \$ _____ B2	

TOP UP COVERAGE (Available for age 0 to 54) Must be purchased BEFORE Departure Date. Extends other coverage or your Destination: Travel Annual/Multi-Trip Plan

(Please ensure that the top-up policy effective date is the next day after your other coverage)

Departure Date	DD / MM / YY	Departure Date	DD / MM / YY
Top-up Policy Effective Date	DD / MM / YY	Top-up Policy Effective Date	DD / MM / YY
Return Date (Policy Expiry Date)	DD / MM / YY	Return Date (Policy Expiry Date)	DD / MM / YY
Top-up Trip Length		Top-up Trip Length	
Insurance Company Name		Insurance Company Name	
# of days of Existing Coverage		# of days of Existing Coverage	
Policy and/or Certificate number:		Policy and/or Certificate number:	
Premium for Top-Up Coverage		Premium for Top-Up Coverage	
Daily Rate _____ X # of Days _____ = \$ _____ C1		Daily Rate _____ X # of Days _____ = \$ _____ C2	

PART 5 PREMIUM CALCULATION

Premium Subtotal **A1 + B1 + C1 = \$ _____ P1** Premium Subtotal **A2 + B2 + C2 = \$ _____ P2**

Total Premium Due P1 + P2 = \$ _____ P3 Minimum Premium \$15.00 per applicant/family

PART 6 PAYMENT

Cheque Make payable to The Destination: Travel Group Inc. or your Broker **Visa** **Mastercard**

Cardholder's Name _____

Signature of Cardholder (Only if different from applicants) | X _____

Do not share credit card information on this application form if paying by credit card. The broker will reach out directly for this confidential information.

For Broker Use Only	5111172828	Special Benefits Insurance Services	(P) 1-800-667-0429
Broker ID		860 - 20 Toronto St	(F) 1-416-601-0308
		Toronto ON M5C 2B8	(E) general@sbis.ca