PART 3 — APPLICANT INFORMATION

Applicant 1

Last Name

First Name

Date of Birth DD / MM / YY | Age at Application

Applicant 2

Last Name

First Name

Date of Birth DD / MM / YY | Age at Application

Address | Suite

City | Prov. | Postal Code | Phone ( )

Email Address (if any)

FAMILY DEPENDENT INFORMATION If applying for Family plan, please list the family members to be included.
(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)

Applicant 1	Applicant 2
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 Destination: Snowbird plan.

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

Applicant 1	Applicant 2
◯ **8 Days** ◯ **16 Days** ◯ **32 Days**	◯ **8 Days** ◯ **16 Days** ◯ **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)

Applicant 1	Applicant 2
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)*   ✕

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

Broker ID   511117128

Broker Name

Special Benefits Insurance Services
860-20 Toronto St
Toronto ON M5H 2B8

(P) 1-800-667-0429
(F) 1-416-601-0308
(E) general@sbis.ca

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