

**Please Return to:** Special Benefits Insurance Services, 860-20 Toronto St, Toronto ON M5C 2B8 Fax: (1) 416-601-0308 (E) general@sbis.ca  
**Questions?** Contact us at 1-800-667-0429 or 416-601-0429 Monday to Friday 8:45am to 4:45 pm ET

**FOR OFFICE USE ONLY**

**Agent:** Sbis Web

## PERSONAL INFORMATION

**APPLICANT 1:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_\_

Male

Female

**APPLICANT 2:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_\_

Male

Female

## MAILING ADDRESS

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone #: \_\_\_\_\_

## TRAVEL INFORMATION

Departure / Effective Date (D/M/Y): \_\_\_\_\_

Return / Expiry Date (D/M/Y): \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Applicant 1

Applicant 2

1) Date of Initial Deposit (D/M/Y): _____	_____	_____
2) Is the trip paid in Full?	Yes No	Yes No
If yes, Date Paid (D/M/Y): _____	_____	_____
3) Sum Insured:	_____	_____

## COVERAGE - Maximum trip length is 60 days

Trip Cancellation - up to sum insured per person  
Trip Interruption - up to \$25,000

Accidental Death and Dismemberment:  
Air Flight/ Common Carrier - \$100,000 per person  
Baggage - \$500 per person

**Note:** Any pre-existing condition must be stable during the 60 days prior to the date this Insurance is purchased.

## Optional Coverage

**Cancel for Any Reason Coverage**

- reimbursement of up to 50% of either:
  - prepaid travel costs which are non-refundable and non-transferable to another date
  - Up to the sum insured selected before departure which is non-refundable and non-transferable to another date.

**Do you wish to purchase the optional Insurance?**

	Applicant 1		Applicant 2	
Cancel for any Reason:	Yes	No	Yes	No

\*Coverage is subject to the terms and conditions specified in the section entitled Trip Cancellation & Trip Interruption Insurance

## METHOD OF PAYMENT

VISA

MASTERCARD

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Total Premium:

\$ \_\_\_\_\_