



Destination: International Student Insurance

for International Students studying in Canada

Effective August 1, 2025

For Assistance: Contact your broker or call us at 1-855-337-3532

Please send your completed application form to your broker or

The Destination: Travel Group Inc.

YOU MUST MEET ALL ELIGIBILITY REQUIREMENTS OUTLINED IN THE DESTINATION: INTERNATIONAL STUDENT INSURANCE POLICY.

SECTION 1 APPLICANT INFORMATION (if additional space for dependents is needed, please attach the information on a separate sheet)

Last Name	First Name	Date of Birth (dd/mm/yy)
1		
2		
3		

Address in Canada Apt

City Prov Postal Code Phone ()

Email

Name of Educational Institution

SECTION 2 TRIP INFORMATION AND RATE CALCULATION

Application Date	DD MM / YY	Departure Date	DD / MM / YY
Effective Date	DD MM / YY	Expiry Date	DD / MM / YY

Rate Calculation (Minimum premium \$20)	Rate	# of Persons	# of Days	Total Premium Due
Each Student/Dependent \$2.66 / day or \$875 / year (Currency is in Canadian Dollars)	\$			

SECTION 3 PAYMENT

Cheque Make payable to your broker or The Destination: Travel Group Inc.

Visa

Mastercard

Cardholder's Name Cardholder's Phone Number ()

Signature of Cardholder **X**

Please do not share credit card information on this application form if paying by credit card. Your broker will reach out directly for this information.

SECTION 4 PRIVACY CONSENT NOTICE

By submitting the requested information, which may include, but is not limited to, name, address, date of birth, driver's licence number, medical information, financial information, driving record, automobile insurance policy history, and automobile insurance claims history, you are providing consent to Zurich Insurance Company Ltd and its subsidiaries and affiliates located in your country of residency or abroad (collectively, "Zurich"), for the collection, storage, use, disclosure, and processing of your personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to, risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. You are also providing consent to Zurich for the disclosure of your personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services ("Third Parties"). If your policy is being arranged by a broker or an agent, you authorize Zurich to collect, store, use, disclose, and process personal information received from such broker or agent in relation to the above-stated purposes. Additionally, by providing information about a third party, including but not limited to, a family member, director, officer, employee, or any party that has an interest in or derives a benefit from the policy, you hereby covenant and warrant that you have obtained the appropriate consent from such third party to disclose their personal information to Zurich and for Zurich to use and disclose such information for any of the above-stated purposes.

Zurich is committed to protecting the privacy and confidentiality of information provided. Your personal information may be processed by and is securely stored within the offices of Zurich and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada

and is subject to applicable laws.

Zurich may retain your personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich’s legal and regulatory obligations, resolve disputes, and enforce Zurich’s agreements. You may request to review the personal information Zurich maintains about you and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

You may refuse to consent or withdraw your consent to the collection, storage, use, disclosure or processing of your personal information; however, your refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits payable under your Policy.

Please contact the Zurich Privacy Officer if you require further information regarding the collection, use, disclosure, processing and storage of your personal information or if you have any complaints via email at privacy.zurich.canada@zurich.com. You can also review our Privacy Policy at <https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement>.

For the purpose of the Insurance Companies Act (Canada), this document was issued in the course of Zurich Insurance Company Ltd’s insurance business in Canada.

SECTION 5 DECLARATION AND AUTHORIZATION

I understand that the Destination: International Student Insurance is subject to limitations and exclusions. I am aware that pre-existing conditions are covered only if they have been stable for 90 days prior to the effective date of my policy and I have paid the required premium.

I declare I am in good health and know of no reason to seek medical attention.

I am eligible to apply to Zurich Insurance Company Ltd (Canadian Branch) for insurance under Destination: International Student Insurance policy. I declare that all the information I am providing on this application is true and complete.

I understand that if I misrepresent any material information provided in this application, Zurich will void my policy and I will not be covered for any benefits under this policy.

I authorize any hospital, physician, other medical service provider or any other organization or person that has any records or knowledge of me or my health to release to the assistance and claims service provider and/or Zurich and its reinsurers any such information for the purpose of this application and contract and any subsequent claim.

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Signature of Student (or person acting on behalf of Student)

Date (dd/mm/yy)

SECTION 6 BROKER / AGENCY INFORMATION (BROKER USE ONLY)

Broker ID	51111728	Special Benefits Insurance Services - (E) general@sbis.ca (P) 1-800-667-0429
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This plan is managed by The Destination: Travel Group Inc. and underwritten by Zurich Insurance Company Ltd (Canadian Branch). Zurich has appointed Global Excel Management Inc., operating as Zurich Assistance, as the provider of all assistance and claims services under the policy.

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® - Marque déposée de Zurich Compagnie d'Assurances SA



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Insurance Association of Canada (THiA) want you to know your rights. THiA’s Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

- Know your health
- Know your trip
- Know your policy
- Know your rights

For more information, go to www.thiaonline.com