

Application

60 - 79 Vacation Plan / Canada Plan



Submit application to:
Simpson Group Insurance Services Inc.

Fax: (403) 281 4503

For more information, please call:
Simpson Group Insurance Services Inc.
Phone: (403) 281 4403
Toll free: 1 800 263 0752
E-mail: info@simpson-group.com



TRAVELLER INFORMATION					
Applicant 1		Date of Birth			
First Name	Last Name	DD	MM	YYYY	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Applicant 2		Date of Birth			
First Name	Last Name	DD	MM	YYYY	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Home Address					
Street		City		Province	
Postal Code		Email		Telephone	
Destination					
Province/State/Country					
Emergency Contact					
First Name		Last Name		Telephone	
Effective Date					
DD	MM	YYYY		Expiry Date	
		DD	MM	YYYY	

ELIGIBILITY		
<p>You must meet the following criteria for this insurance:</p> <ul style="list-style-type: none"> You must be a Canadian resident and be covered by the government health insurance plan (GHIP) of your Canadian province or territory of residence for the entire duration of your trip. You must NOT be travelling against the advice of a physician or have been diagnosed with a Terminal Illness or Metastatic cancer. You must NOT have a Kidney disease requiring dialysis. You must NOT have been perscribed or used home oxygen in the 12 months prior to your date of application. You must be at least 15 days old. 		
Applicant 1	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	Applicant 2
	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	
Applicant 1 Signature		Date dd/mm/yyyy
Applicant 2 Signature		

PREMIUM & PAYMENT			
Total Premium	Applicant 1	Applicant 2	Total
			=
Payment	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque/Cash		
	Credit Card Number		Expiry Date mm/yy
	Name of Cardholder	Signature of Cardholder	Date dd/mm/yyyy