

APPLICANT INFORMATION					
Last Name	First Name	Birth Date (dd/mm/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
Address					
City / Prov.		Postal Code			
Telephone Number		Email Address			
Beneficiary Name & Relationship					
APPLICATION DETAILS					
Application Date _____		Effective Date _____			
Destination _____		Expiry Date _____			
		# of Days _____			
SCHOOL DETAILS					
Address		Phone Number			
COVERAGE DETAILS					
	Premium Rate	# of Days	# of Persons	AD&D	Total Premium
<input type="checkbox"/> Canadian Student(s) studying outside Canada ( <b>Outbound</b> ) <input type="checkbox"/> Increased Accidental Death & Dismemberment Insurance	\$			\$	\$
<input type="checkbox"/> International Student(s) studying in Canada ( <b>Inbound</b> ) <input type="checkbox"/> Increased Accidental Death & Dismemberment Insurance	\$			\$	\$
PAYMENT					
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Cheque <input type="checkbox"/> Cash					
Name of Card Holder _____					
Card Number    __/__/__/__    __/__/__/__    __/__/__/__    __/__/__/__    Expiry Date    __/___    CVV    _____					
Signature of Card Holder _____					

**Statement / Signature** By signing this application, I agree to the terms and conditions of the TU Student Medical Insurance Policy; acknowledging the Exclusions and limitations of this policy. I also confirm that I know of no reason for which I may presently need to seek medical attention and confirm that I currently have no circumstances for which a claim may be made.

My electronic signature on this application has the same effect as if I signed it in ink.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date



**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**