

APPLICANT INFORMATION					
First Name	Last Name	Birth Date (mm/dd/yyyy)	Sex		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
Address (in Canada)					
City / Prov.		Postal Code			
Telephone Number		Email Address			
Beneficiary Name & Relationship					
APPLICATION DETAILS					
Departure Point _____		Departure Date _____			
Destination _____		Effective Date _____			
# of Days _____		Expiry Date _____			
COVERAGE DETAILS					
Check all that apply:		Premium Rate	# of Persons	# of Days	Total Premium
<b>Single Trip Emergency Hospital Medical</b>					
<input type="checkbox"/> U.S.A. Plan <input type="checkbox"/> Non-U.S.A. Plan <input type="checkbox"/> Canada Only					
<b>Multi-Trip Annual</b> <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 35 <input type="checkbox"/> 60 <input type="checkbox"/> 125					
<b>Trip Cancellation and Interruption</b> <input type="checkbox"/> Basic <input type="checkbox"/> Select					
Sum Insured prior to Departure \$ _____					
Sum Insured after Departure: \$25,000					
<b>Optional Plans</b>					
<input type="checkbox"/> Baggage	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500				
<input type="checkbox"/> Accidental Death & Dismemberment	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000				
<input type="checkbox"/> Flight Accident	<input type="checkbox"/> \$200,000 <input type="checkbox"/> \$500,000				
<input type="checkbox"/> Trip Interruption	<input type="checkbox"/> \$800 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000				
Total Premium Due				\$	
DEDUCTIBLES - Applies to Single Trip and Multi-Trip Annual - in Canadian dollar					
<input type="checkbox"/> \$0 (+10%)	<input type="checkbox"/> \$250 (auto)	<input type="checkbox"/> \$1,250 (-10%)	<input type="checkbox"/> \$6,000 (-30%)		
<input type="checkbox"/> \$12,000 (-40%)	<input type="checkbox"/> \$30,000 (-45%)	<input type="checkbox"/> \$100,000 (-80%)			
DECLARATION					
<b>To be eligible for coverage you must</b> , as of the date you apply for coverage and the effective date:					
a) be at least 15 days old and no more than 89 years old; and					
b) be insured for benefits under a Canadian government health insurance plan during the entire period of coverage; and					
c) not have been diagnosed with a terminal illness; or					
d) not have been diagnosed with stage 3 or 4 cancer; or have received treatment for any cancer (other than basal or squamous cell cancer or breast cancer treated only with hormone therapy) in the last 3 months; or					
e) not require assistance with activities of daily living as the result of a medical condition or state of health					
f) not have been prescribed or used home oxygen for a lung/respiratory condition during the previous 12 months; or					
g) not have your most recent heart surgery more than 12 years ago or less than 6 months ago; or					
h) not have a diagnosed unrepaired aneurysm of 4 centimetres or greater, measured in either length or diameter; or					
i) not have received or are awaiting a bone marrow or major organ transplant; or					
j) not have been diagnosed with or received treatment for a kidney disease requiring dialysis; or					
k) not have been diagnosed with an auto-immune disorder; or					
l) not have ever been diagnosed with congestive heart failure					
Signature of Insured (or person acting on behalf of insured)			Date (mm/dd/yyyy)		
PAYMENT					
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Cheque <input type="checkbox"/> Cash					
Card Number		____/____/____/____	____/____/____/____	____/____/____/____	Expiry Date ____/____
Name of Card Holder _____					
Signature of Card Holder _____					



**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**