

Application



55 - 79 Vacation Plan / Canada Plan

TRAVELLER INFORMATION					
Applicant 1		First Name _____	Last Name _____	Date of Birth	____ DD ____ MM ____ YYYY
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Applicant 2		First Name _____	Last Name _____	Date of Birth	____ DD ____ MM ____ YYYY
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address		Street _____	City _____	Province _____	
		Postal Code _____	Email _____	Telephone _____	
Destination		Province/State/Country _____		<input type="checkbox"/> 55 - 79 Vacation Plan	<input type="checkbox"/> Canada Plan
Emergency Contact		First Name _____	Last Name _____	Telephone _____	
Effective Date		____ DD ____ MM ____ YYYY	Expiry Date		____ DD ____ MM ____ YYYY

ELIGIBILITY		
Coverage is NOT AVAILABLE to any individual who:		
<ul style="list-style-type: none"> • is traveling against the advice of a physician; • has been diagnosed with a Terminal illness or Metastatic cancer; • has a Kidney disease requiring dialysis, or; • has been perscribed or used home oxygen in the 12 months prior to their application date 		
Applicant 1	<input type="checkbox"/> Eligible	<input type="checkbox"/> Not Eligible
Applicant 2	<input type="checkbox"/> Eligible	<input type="checkbox"/> Not Eligible
My electronic signature on this application has the same effect as if I signed it in ink.		
Applicant 1 Signature _____	Applicant 2 Signature _____	Date dd/mm/yyyy _____

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 _____



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