

APPLICANT INFORMATION				
Last Name	First Name	Birth date (dd/mm/yyyy)	Age	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
				<input type="checkbox"/> M <input type="checkbox"/> F
Address (in Canada)				
City / Prov.		Postal Code		
Telephone Number		Email Address		
Beneficiary Name & Relationship				
TRAVEL INFORMATION				
Application Date		Effective Date		
Date of Arrival in Canada		Expiry Date		
		# of Days		
COVERAGE & DEDUCTIBLE				
Sum Insured \$ _____				
Deductible	<input type="checkbox"/> \$0 (automatic)	<input type="checkbox"/> \$1000 (20% discount)	<input type="checkbox"/> \$5,000 (35% discount)	
	<input type="checkbox"/> \$500 (10% discount)	<input type="checkbox"/> \$2,500 (30% discount)	<input type="checkbox"/> \$10,000 (45% discount)	
PREMIUM CALCULATIONS				
	Premium Rate	# of Days	Pre-Ex Coverage*	Total Premium
Applicant 1	\$		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Applicant 2	\$		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Applicant 3	\$		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Applicant 4	\$		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Applicant 5	\$		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Family Rate (Ages 0 - 60)	\$			\$
* Pre-existing coverage rider for ages 70 - 79 (optional) 25% surcharge			Total Premium Due	
\$				
METHOD OF 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 _/_/____				
Signature of Card Holder _____				

Statement / Signature

By signing this application, the applicant(s) confirm that they are in good health and that they know of no reason for which they may seek medical attention.

For those who have arrived in Canada:

The applicant(s) confirms that they have not seen a physician or other registered medical practitioner since arriving in Canada.
 The applicant(s) confirms that they have not submitted a claim and no circumstance is known for which they may submit a claim.
 The applicant(s) understand that if this policy is purchased within 60 days of their arrival in Canada, there is no coverage for sickness occurring or arising during the first 48 hours from the effective date of this policy.
 The applicant(s) understand that if this policy is purchased more than 60 days after their arrival in Canada, there is no coverage for sickness occurring or arising during the first 7 days from the effective date of his policy.
 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