



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	
			<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				
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
<b>Single Trip Emergency Hospital Medical</b>				
<input type="checkbox"/> U.S.A. Plan <input type="checkbox"/> Non-U.S.A. Plan or Canada				
<b>Youth Plan</b>				
<input type="checkbox"/> U.S.A. Plan <input type="checkbox"/> Non-U.S.A. Plan				
<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				
<input type="checkbox"/> Basic <input type="checkbox"/> Select <input type="radio"/> Option 1 <input type="radio"/> Option 2				
<b>Are you presently in your home province:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<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>All-Inclusive Package</b>				
<input type="checkbox"/> Worldwide				
Sum Insured prior to Departure \$ _____				
Sum Insured after Departure: \$25,000				
<b>Optional Plans</b>				
Accidental Death & Dismemberment	\$25,000	\$100,000	\$250,000	
Flight Accident	\$200,000	<input type="checkbox"/> \$500,000		
Trip Interruption	\$800	\$1,500	\$2,000	
<b>Minimum premium levels apply.</b>				Total Premium Due \$
DEDUCTIBLES - Applies to Single Trip, Youth Plan and Multi-Trip Annual plans				
<input type="checkbox"/> \$0 (+10%)		<input type="checkbox"/> \$250 CAD (auto)		
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				
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		CVV
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