

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 _____ (date you left home province)			
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 For those 0-59 years, <b><i>please select deductible :</i></b> <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 For Medically Underwritten plans (ages 60 and over), <b><i>please select deductible :</i></b> <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 <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%)					
Total Premium Due				\$	
DECLARATION					
<p><b>To be eligible for coverage you must</b>, as of the date you apply for coverage and the effective date:</p> <p>a) be at least 15 days old and no more than 89 years old; and</p> <p>b) be insured for benefits under a Canadian government health insurance plan during the entire period of coverage; and</p> <p>c) not have been diagnosed with a terminal illness; or</p> <p>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</p> <p>e) not require assistance with activities of daily living as the result of a medical condition or state of health</p> <p><b>Over the age of 60</b>, you must also:</p> <p>f) not have been prescribed or used home oxygen for a lung/respiratory condition during the previous 12 months; or</p> <p>g) not have your most recent heart surgery more than 12 years ago or less than 6 months ago; or</p> <p>h) not have a diagnosed unrepaired aneurysm of 4 centimetres or greater, measured in either length or diameter; or</p> <p>i) not have received or are awaiting a bone marrow or major organ transplant; or</p> <p>j) not have been diagnosed with or received treatment for a kidney disease requiring dialysis; or</p> <p>k) not have been diagnosed with an auto-immune disorder; or</p> <p>l) not have ever been diagnosed with congestive heart failure</p> <p>Your signature confirms you are presently in good health, that you have not seen a medical professional since leaving your home province, and you have no present reason to seek medical attention.</p> <p><i>Please note</i> that any sickness that manifests itself during the first 48 hours after the effective date is not covered, even if the related expenses are incurred after the 48 hour waiting period. (Allianz Policy Wording, page 9 "Waiting Period")</p> <p>I/we confirm that we have read EHM1 Pre-Existing Conditions Exclusion and comply with the required stability.</p> <p>I/we confirm we are eligible for this coverage.</p>					
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**