Simpson Group

Allianz Global Assistance

APPLICANT INFORMATION

First Name	Last Name	Birth Date (mm/dd/yyyy)	Age	Sex
				☐M ☐F
				☐M ☐F
				☐M ☐F
				☐M ☐F
				☐M ☐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:

Single Trip Emergency Hospital Medical
☐U.S.A. Plan ☐Non-U.S.A. Plan or Canada

Single Trip Comprehensive
☐U.S.A. Plan ☐Non-U.S.A. Plan

Multi-Trip Annual ☐4 ☐8 ☐15 ☐35
☐Medical ☐Comprehensive
Are you presently in your home province: ☐Yes ☐No

Single Trip Non Medical
Sum Insured prior to Departure $ _____
Sum Insured after Departure: Unlimited

Trip Cancellation and Interruption **For comprehensive plans or stand-alone*
Sum Insured prior to Departure $ _____ *input $0 for Trip Interruption only*
Sum Insured after Departure: $Unlimited

Provincial healthcare coverage
Please check yes if all insureds have valid provincial or federal healthcare coverage
☐Yes ☐No

DEDUCTIBLES - Applies to Single Trip and Multi-Trip Annual Medical plans

☐$0 ☐$500 CAD

DECLARATION

To be eligible for coverage you must, as of the date you apply for coverage and the effective date:

a) be at least 15 days old; and
b) be a Canadian resident and be insured for benefits under a Canadian government health insurance plan during the entire period of coverage; and
c) not been advised against travel by a physician for a period of time which includes your trip; and
d) not be travelling or going on your trip to receive treatment or alternative therapy of any kind; and
e) in the past 2 years, you must not have been diagnosed with or received treatment for a terminal condition; and
f) those over 65 yrs old must not require assistance with activities of daily living as a result of a medical condition or state of health.

_____ _____
Signature of Insured (or person acting on behalf of insured) Date (mm/dd/yyyy)

PAYMENT

☐Visa ☐Master Card ☐Amex ☐Cheque ☐Cash
Card Number __/__/__/__/ __/__/__/__/ __/__/__/__/ __/__/__/__/ Expiry Date __/__ CVV _____
Name of Card Holder _____
Signature of Card Holder _____

SG

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