



TuGo Student Medical Application

APPLICANT INFORMATION				
First Name	Last Name	Gender	Birth Date (dd/mm/yyyy)	Age
1.		M F		
2.		M F		
3.		M F		
Address:				
City:		Province:	Postal Code:	
Phone #:			Email:	
Beneficiary Name & Relationship:				

TRAVEL DATES	
Application Date: _____	Effective Date: _____
Destination: _____	Expiry Date: _____
Departure date _____	# of Days: _____

SCHOOL DETAILS	
Address:	Phone Number:

COVERAGE DETAILS		
	Top Up Insurance: Company and Days insured	Additional AD&D
Canadian Student(s) studying outside Canada (outbound) Family of Canadian Student(s) studying outside Canada		Yes/ No
International Student(s) studying in Canada (inbound) Family of International Student (s) studying outside Canada		Yes/ No

PAYMENT

Visa MasterCard AMEX Cheque Cash

Name of Card Holder: _____

Card Number _____ Expiry Date ___ / ___ CVV ___ _ _

Signature of Card Holder _____

STATEMENT & SIGNATURE

By signing this Application, I agree to the terms and conditions of the Tugo Student Policy and acknowledge that I am aware of the Exclusions and Limitations of this policy. I also confirm that I know of no reason for which I may presently need to seek medical attention and confirm that I currently have no circumstances for which a claim may be made.

Signature: _____ Date: _____ My electronic

signature on this application has the same effect as if I signed in ink.