

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

CONFIRMATION		
Are you presently in your home province?	Yes	No
If No , where are you presently: _____		
If No , what date did you leave your home province: _____		

TRAVEL DATES

TRIP 1	
Effective Date: _____	Departure Date: _____
Expiry Date: _____	*This is for those applying for a Top-Up Policy Only
# of Days: _____	<i>Effective Date is the date you want our coverage to start</i>

TRIP 2 - if applicable	
Effective Date: _____	Departure Date: _____
Expiry Date: _____	*This is for those applying for a Top-Up Policy Only
# of Days: _____	<i>Effective Date is the date you want our coverage to start</i>

Please complete page 2, 3 and 4 of the application

For more information, please call: Simpson Group Insurance Services Inc.

MEDICAL PLANS

Plan Options		Single Trip	Multi Trip Annual
Worldwide Including USA		Worldwide Excluding USA	Canada Only
Multi-Trip Annual (number of days)			Multi-Trip Annual Extension Dates
2	5	10	Start Date _____
		15	End Date _____
20	35	60	
Top-Up Policy * only applicable if your first part of the trip is insured with a different company*			
Name of Insurance Plan _____			
# of days covered under other insurance _____			

STABILITY				
To have Pre-Existing Conditions covered, the condition will have to meet the stability requirements. (pg. 45 of policy wording) If the condition does not meet the stability requirements we can add the Unstable Pre-Existing Condition Rider to shorten the length of time needed to be stable.				
Applicant 1	Applicant 2	Applicant 3	Applicant 4	Applicant 5
For Those 59 and Under			For Those 60 +	
TRIP LENGTH 1-35 Days 36+ Days		STABILITY 7 Days 90 Days	TRIP LENGTH Any	
			STABILITY 180 Days	

DEDUCTIBLE OPTIONS				
Medical Plans Only				
Deductible is in USD				
\$0	\$300 (-13%)	\$500 (-17%)	\$1,000 (-22%)	\$2,000 (-30%)
\$5,000 (-39%)	\$10,000 (-48%)	\$25,000 (-61%)	\$50,000 (-70%)	\$100,000 (-78%)

Please complete page 3 & 4 of the application

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EXTREME SPORTS COVERAGE

OPTIONAL SPORTS COVERAGE ADD-ONS	
Check all that apply:	
If a traveller selects more than one sport/activity, they will only be charged for the sport/activity with the highest surcharge and be covered.	
Backcountry skiing/snowboarding	Mountaineering
Base Jumping	Organized Team Sports: American or Canadian Football Hockey Rugby
Boxing	
Downhill Free Style Skiing/ Snowboarding in organized competitions	
Down Hill Mountain Biking	<i>*Not required for travellers aged 20 years and under</i>
Hangliding/ Paragliding	Parachuting/skydiving/tandem skydiving
High Risk Snowmobiling	Outdoor Rock climbing and Canyoneering
Ice Climbing	Scuba diving or free diving over 40 meters
Mixed Martial Arts	White water sports – Class VI
Motorized Speed Contests	Wingsuit flying
<i>All sports/activities not listed in the sports & activities Optional Coverage are covered under the Emergency Medical Insurance plan, without having to purchase this optional coverage, except for those listed under the exclusions</i>	

OPTIONAL SPORTS ADD-ONS EXCLUSIONS	
The following are exclusions to the Travel Medical policy regardless of supplemental coverage purchased	
<ul style="list-style-type: none"> • Barrel racing • Bronc riding • Bull riding • Chariot racing • Chuck wagon racing • Harness racing 	<ul style="list-style-type: none"> • Rodeo bareback riding • Rodeo clowning • Rodeo team roping • Steer wrestling/chutedogging • Trick riding
<i>The following are also excluded if participating, training or practicing in any areas that have been closed off to public access and/or can typically only be accessed by crossing a fenced, gated, or roped-off area that has been marked as off limits according to recommendations of safety authorities in the area.</i>	
<ul style="list-style-type: none"> • Backcountry skiing/snowboarding • High risk snowmobiling • Mountaineering 	<ul style="list-style-type: none"> • Downhill freestyle skiing/snowboarding in competitions • Ice climbing • Rock climbing

Please complete page 2, 3 and 4 of the application

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Traveller Application



NON-MEDICAL PLANS AND ADD ONS

Plan Options			
Accidental Death and Dismemberment (AD&D)		a payout of up to \$100,000 payout for AD&D as per policy wording	
Beneficiary and Relationship: _____			
Trip Cancellation and Interruption		Single Trip	Multi-Trip
Non Refundable Cost of Trip \$ _____ (per person)			
Date Trip was Booked: _____			
Cancel for Any Reason			
Must be purchased with a Trip Cancellation and Interruption Policy and within 5 days of paying initial deposit. Up to 50% of the sum insured			
Trip Interruption Only		Single Trip	Multi-Trip
\$1,500	\$10,000	\$25,000	
Rental Car Protection up to \$75,000 applicable only to Single Trips			
Baggage up to \$1,500 individual plan up to \$3,000 family plan		Individual Plan	Family Plan
Non-Medical Package			
Inclusive of Trip Cancellation and Interruption, AD&D, \$500 of Baggage			
All Inclusive Package - 59 and under only			
Medical coverage + Non-Medical Package			

STATEMENT AND SIGNATURE

STATEMENT & SIGNATURE	
<i>By signing this Application, I agree to the terms and conditions of the Tugo Traveller Policy and acknowledge that I am aware of the Exclusions and Limitations of this policy.</i>	
Signature: _____	Date: _____
<i>Typing in your name here, has the same effect as your printed signature.</i>	

PAYMENT- Can Provide Later						
<table border="0"> <tr> <td>Visa</td> <td>MasterCard</td> <td>AMEX</td> <td>Cheque</td> <td>Cash</td> </tr> </table>	Visa	MasterCard	AMEX	Cheque	Cash	
Visa	MasterCard	AMEX	Cheque	Cash		
Name of Card Holder: _____						
Card Number _____	Expiry Date ___ / ___ CVV ___					
Signature of Card Holder _____						

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