

| APPLICANT INFORMATION | | | | | |
|---|--------------|-------------------------|--|------|---------------|
| Last Name | First Name | Birth Date (dd/mm/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 | | |
| Address | | | | | |
| City / Prov. | | Postal Code | | | |
| Telephone Number | | Email Address | | | |
| Beneficiary Name & Relationship | | | | | |
| APPLICATION DETAILS | | | | | |
| Application Date _____ | | Effective Date _____ | | | |
| Destination _____ | | Expiry Date _____ | | | |
| | | # of Days _____ | | | |
| SCHOOL DETAILS | | | | | |
| Address | | Phone Number | | | |
| COVERAGE DETAILS | | | | | |
| | Premium Rate | # of Days | # of Persons | AD&D | Total Premium |
| <input type="checkbox"/> Canadian Student(s) studying outside Canada (Outbound) <input type="checkbox"/> Increased Accidental Death & Dismemberment Insurance | \$ | | | \$ | \$ |
| <input type="checkbox"/> International Student(s) studying in Canada (Inbound) <input type="checkbox"/> Increased Accidental Death & Dismemberment Insurance | \$ | | | \$ | \$ |
| PAYMENT | | | | | |
| <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Cheque <input type="checkbox"/> Cash | | | | | |
| Name of Card Holder _____ | | | | | |
| Card Number __/__/__/__ __/__/__/__ __/__/__/__ __/__/__/__ Expiry Date __/___ | | | | | |
| Signature of Card Holder _____ | | | | | |

Statement / Signature By signing this application, I agree to the terms and conditions of the TU Student Medical Insurance Policy; acknowledging 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.

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

Signature of Insured

Date



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