INSURANCE APPLICATION

INTERNATIONAL STUDENT HOSPITAL & MEDICAL INSURANCE PLAN
PLAN CODE: ROTRY

TIC travel insurance

STEP 1 APPLICANT INFORMATION (Please Print)

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

Mailing Address in Canada Street	Apt/Unit #
City	Province
Postal Code	Country
Phone Numbers Home ( )	Other ( )
E-mail Address	
Name of Educational Institution	
Registration date at Educational Institution (mm/dd/yyyy)	Period of Study From: (mm/dd/yyyy) To:
Name of Beneficiary under this Policy	
Relationship to Insured	
Policy Effective Date Applied for (mm/dd/yyyy)	Policy Termination Date Applied for (mm/dd/yyyy)
Existing Health Insurance Name of Insurance Company	Policy #

STEP 2 PREMIUM AMOUNT

Single premium annual rate: **$595** in Canadian funds

Premium amount enclosed $ _____ in Canadian Funds

STEP 3 PREMIUM PAYMENT

❑ Money Order ❑ Cheque (Please make cheques or money orders payable to TIC Travel Insurance Coordinators Ltd.)
❑ Visa ❑ MC ❑ Amex ❑ Diners

Card No.

_____
Cardholder's Signature if paying by Credit Card

Expiry Date _____ / _____ Auth. No. _____

_____
Date (MM/DD/YYYY)

I understand that this plan does not cover a medical condition that existed prior to the effective date of the policy or any condition wholly or partly, directly or indirectly related thereto when the application for insurance is made more than 30 days after the date of the registration at the educational institution. I authorize TIC Travel Insurance Coordinators Ltd. and its signing officers as my attorney to have access to all documentation required to complete my claim.

_____ _____
Signature of insured (or person acting on behalf of Insured) Date (MM/DD/YYYY)

PLEASE MAIL THIS FORM TO:
TIC Travel Insurance Coordinators Ltd.
1200 – [illegible]
Toronto [illegible]

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125 McCARTER ST. BOX 1900
PARKSVILLE BC V9P 2H6
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