.:Medi-Select Advantage®

EMERGENCY MEDICAL INSURANCE FOR VISITORS TO CANADA

Your personal information is collected for the purpose of providing you with insurance services, claims analysis and payments. Call 1-888-830-7460 for a copy of the **etfs** Privacy Statement. For Privacy Information, please see www.royalsunalliance.ca, or call us at 1-800-716-4339.

Broker Special Benefits Insurance #1428
366 Bay St, 7th Floor
Toronto ON M5H 4B2
Phone: 1-800-667-0429 or 416-601-0429
Fax: 416-601-0308
Email: general@4benefits.ca

POLICY NUMBER

VTC

APPLICATION

ELIGIBILITY

1. You must be a visitor to Canada, a person with a work visa, an immigrant to Canada or a Canadian resident, who is not eligible for a provincial or territorial government health insurance plan in Canada.
2. You must be at least 15 days of age and less than 86 year of age.
3. You must **NOT** be travelling against the advice of a physician and/or have been diagnosed with a terminal illness.
4. You must **NOT** have a kidney disease requiring dialysis.
5. You must **NOT** be experiencing new or undiagnosed symptoms.
6. This insurance may be purchased prior to your arrival in Canada or within 30 days thereof. However, if you have been in Canada for more than 30 days, you may purchase this insurance if you can answer **NO** to both Eligibility Questions below.
7. Your spouse or child(ren) must also meet all the above criteria to be eligible for coverage under this plan.

ELIGIBILITY QUESTIONS

	You	Spouse	Child(ren)
1. Have you seen a doctor for a condition other than a minor ailment since you arrived in Canada?	❑ yes ❑ no	❑ yes ❑ no	❑ yes ❑ no
2. Do you have a reason to seek medical attention at this time?	❑ yes ❑ no	❑ yes ❑ no	❑ yes ❑ no

If you, your spouse or child(ren) have seen a doctor for a condition that is a minor ailment according to the definition below, you may answer NO to question #1 in the Eligibility Questions Section.

DEFINITIONS

Child(ren) means a dependent and unmarried child of the insured or his/her spouse, who is at least 15 days old and under 22 years of age on the date of application, or is over 21 years of age and has a permanent physical impairment or a permanent mental deficiency on the date of application and who is dependent on you for support.

Minor Ailment means any sickness or injury which does not require the use of medication for a period of greater than 15 days, more than one follow-up visit to a physician, hospitalization, surgical intervention or referral to a specialist and which ends at least 30 consecutive days prior to the application for this insurance.

Spouse means the person to whom you are legally married or with whom you have been residing for at least the last 12 months.

If you, your spouse or child(ren) have answered **YES** to any one of the questions above, that individual is **NOT ELIGIBLE** for this insurance.
I fully understand that if any of my answers are incorrect, in the event of a claim, the Insurer will declare my policy null and void, and my claim will be refused.

Applicant's Signature: _____ Date: D/M/Y _____

LAST NAME **Applicant (please print)**	FIRST NAME	SEX	**Date of Birth** (D/M/Y)
1.		❑ M ❑ F	
Spouse and Child(ren) (please print) — For additional insureds, attach a separate page.			
2.		❑ M ❑ F	
3.		❑ M ❑ F	
4.		❑ M ❑ F	
5.		❑ M ❑ F	

Address in Canada:

City and Province: Postal Code: Email:

Telephone: Country of Origin:

Application Date: D/M/Y Date of Entry into Canada: D/M/Y

Effective Date: D/M/Y Expiry Date: D/M/Y Number of Coverage Days:

Time of Application: _____:_____ ❑ a.m. ❑ p.m. **For renewals only** — Previous Policy Number:

Cash ❑ Cheque ❑ Please make cheque payable to: Special Benefits Insurance

AMEX ❑ DINERS ❑ Credit Card Number:

VISA ❑ MasterCard ❑

Signature: _____ Expiry Date: _____ / _____

Contact Person in Canada: Name: _____ Phone Number: _____

Address: _____

SUM INSURED	❑ $15,000	❑ $25,000	❑ $50,000	❑ $100,000	❑ $150,000

NUMBER OF DAYS	DAILY RATE		ADD 5% FOR $0 DEDUCTIBLE (if applicable)	TOTAL PREMIUM DUE Minimum Premium $20
	Single	Family		

I understand that this coverage excludes any loss as a result of sickness or symptoms which manifested or were contracted or treated within the first 48 hours following the effective date, if this policy is purchased after arrival in Canada. I understand that this policy has an exclusion for pre-existing sickness, injury, heart, lung and other medical conditions.

APPLICANT'S SIGNATURE DATE (D/M/Y)