

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@sbis.ca

POLICY NUMBER

VTC

APPLICATION

ELIGIBILITY

- 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.
- You must be at least 15 days of age and less than 86 year of age.
- You must **NOT** be travelling against the advice of a physician and/or have been diagnosed with a terminal illness.
- You must **NOT** have a kidney disease requiring dialysis.
- You must **NOT** be experiencing new or undiagnosed symptoms.
- 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.
- 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 <u>minor ailment</u> since you arrived in Canada?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
2. Do you have a reason to seek medical attention at this time?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> 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. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Spouse and Child(ren) (please print) — For additional insureds, attach a separate page.			
2. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
3. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
4. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
5. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> 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 Services

AMEX DINERS Credit Card Number: _____

VISA MasterCard

Signature: _____ Expiry Date: _____ / _____

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

Address: _____

SUM INSURED	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000
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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) _____