

# INTERNATIONAL STUDENT HEALTH INSURANCE APPLICATION

Broker  
Special Benefits Insurance Services #1428  
7th Fl - 366 Bay St  
Toronto ON M5H 4B2  
(P) 1-800-667-0429 (F) 416-601-0308  
Email: general@sbis.ca



2001 APP ECA 0618 OPN

## ELIGIBILITY

To be eligible for coverage under this plan:

1. The applicant must be 65 years old or less; and not be eligible for a provincial or territorial health insurance plan in Canada; and
2. The applicant must be a student and provide proof of admission in a recognized Canadian institution of learning; or be a student completing post-doctorate research in a recognized Canadian institution of learning.
3. The applicant's spouse and child(ren) may be covered if the appropriate premium is paid. (See definitions of spouse and child(ren) on the back.)

## APPLICANT INFORMATION

Last Name:		First Name:	
Country of Origin:		Date of Birth (D/M/Y): / /	Date of Arrival in Canada (D/M/Y): / /
Please enclose proof of admission and registration at a recognized Canadian institution of learning.		School Name:	Date of Enrollment (D/M/Y): / /
Address in Canada:			Apt:
City:		Province:	Postal Code:
Phone Number:	Fax Number:	Email:	
Beneficiary in case of death:			

## DEPENDENT\* INFORMATION

Spouse: <input type="checkbox"/> Legally married <input type="checkbox"/> Residing together for at least the last 12 months		Date of Arrival in Canada (D/M/Y): / /
LAST NAME	FIRST NAME	DATE OF BIRTH (D/M/Y)
Spouse: _____		
Child: _____		
Child: _____		
Child: _____		

## INSURANCE PERIOD and METHOD OF PAYMENT

Desired Effective Date (D/M/Y): / /	Termination Date (D/M/Y): / /	Number of months of coverage:	Total Premium Due:
<input type="checkbox"/> Cash <input type="checkbox"/> Certified Cheque / Money Order (Make payable to Special Benefits Insurance.) <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express			
Credit Card Number: _____		Expiry Date (M/Y): ____/____	
Cardholder's Signature:  _____			

## MEDICAL AUTHORIZATION and DECLARATION

- I understand that I must purchase the policy within 30 days from the earlier of the date of my arrival in Canada, or the date of my enrolment at a recognized Canadian institution of learning. I understand that if I am presently insured under an insurance policy administered by RSA, I must pay the insurance premium prior to the termination date of my existing policy. If I do not satisfy the above conditions, I understand that I will not be covered for a sickness (see definition of sickness on the back) occurring during the first 30 days of this insurance coverage.
- I understand the necessity of calling Global Excel Management Inc. in the event of hospitalization. The toll free telephone number can be found on my wallet card and in my insurance policy.
- I also understand that Royal & Sun Alliance Insurance Company of Canada and Global Excel Management Inc. may investigate my claim. By signing this application, I also hereby direct and authorize any physician, health care practitioner, hospital or other medical care facility, pharmacy, the Ministry of Health or any other person who has attended and examined me or who has knowledge or records of me or my health, to furnish to Royal & Sun Alliance Insurance Company of Canada and to Global Excel Management Inc. any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.
- I understand that some exclusions may apply and affect my coverage. I will read my insurance policy for additional details.
- I have read and understood the "Important Notice About Your Personal Information" on the reverse and by making application for this insurance I agree to the collection, use and disclosure of personal information as described in that notice.

Applicant's Signature: \_\_\_\_\_ Date (D/M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

## FOR OFFICE USE ONLY

Effective Date (D/M/Y): / /	Policy Number:
Expiry Date (D/M/Y): / /	Premium Paid: <input type="checkbox"/> 30-Day Penalty