

## Section 1 - Eligibility

### To be eligible for coverage you must:

- a) be at least **15** days old;
- b) on the effective date, not be insured or eligible for benefits under a Canadian government health insurance plan;
- c) be in good health at the time you purchase your policy and on the *effective date*, and know of no reason why you would attend any medical consultation during the period of coverage;

### Coverage is NOT AVAILABLE to any individual who:

- a) has been diagnosed with a *terminal* illness;
- b) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immune Deficiency Virus (HIV);
- c) has been prescribed or used home oxygen *treatment* in the last **12** months;
- d) has been diagnosed with or treated for congestive heart failure;
- e) has had a major organ transplant (heart, kidney, liver, lung); or
- f) has received kidney dialysis treatment in the last **12** months.

## Section 2 - Applicant Information (if additional space for dependents is required, please attach the information on a separate sheet)

| Applicant | Last Name | First Name | Date of Birth (dd/mm/yy) | Gender  |
|-----------|-----------|------------|--------------------------|---|
| 1         |           |            |                          | <input type="radio"/> F <input type="radio"/> M |
| 2         |           |            |                          | <input type="radio"/> F <input type="radio"/> M |
| 3         |           |            |                          | <input type="radio"/> F <input type="radio"/> M |

|  |                           |  |  |
|--|---------------------------|--|--|
| Address in Canada  |                           |  | Suite  |
| City   | Prov.                     | Postal Code                                | Phone ( )  |
| Arrival Date (dd/mm/yy)  | Effective Date (dd/mm/yy) | Expiry Date (dd/mm/yy)                     | Number of Days                                     |
| Date of application (dd/mm/yy)                                       | Country of Origin         | Previous Policy Number (for renewals only) |  |
| Beneficiary in case of death   |                           |  | Email Address                                      |
| Do you require coverage for work permit and/or immigration purposes? |                           |  | <input type="radio"/> Yes <input type="radio"/> No |

## Section 3 - Premium Calculation

| Coverage Option (Check one box only)   | <input type="radio"/> \$10,000   | <input type="radio"/> \$25,000 | <input type="radio"/> \$50,000 | <input type="radio"/> \$100,000 | <input type="radio"/> \$150,000       | <input type="radio"/> \$300,000 |
|--|--|--------------------------------|--------------------------------|---------------------------------|---------------------------------------|---------------------------------|
|  |  |                                |                                |                                 | Applicant 1 or Family (2x daily rate) | Applicant 2                     |
| Age 0 to 79  | Option 1: Includes Coverage for Stable Pre-Existing Medical Conditions |                                |                                |                                 | <input type="radio"/>                 | <input type="radio"/>           |
|  | Option 2: No coverage for Any Pre-Existing Medical Conditions          |                                |                                |                                 | <input type="radio"/>                 | <input type="radio"/>           |
| Age 80+  | No coverage for Any Pre-Existing Medical Conditions                    |                                |                                |                                 | <input type="radio"/>                 | <input type="radio"/>           |
|  | Daily Rates  |                                |                                |                                 |                                       |                                 |
|  | Number of days   |                                | X                              |                                 |                                       |                                 |
|  | Subtotal   |                                | =                              |                                 |                                       |                                 |
| <b>Deductible Option</b> (ages 0 to 85 only): <input type="radio"/> \$250 (-10%) <input type="radio"/> \$500 (-15%) <input type="radio"/> \$1,000 (-20%) |  |                                |                                |                                 |                                       |                                 |
| <b>Combined Total for Applicant 1 and 2</b>  |  |                                |                                |                                 |                                       |                                 |

## Section 4 - Payment Type

**Cheque** Made payable to Special Benefits Insurance Services  **Visa**  **Mastercard**

Cardholder's Name \_\_\_\_\_

Cardholder's Number \_\_\_\_\_ Expiry Date (mm/yy) \_\_\_\_\_

Signature of Cardholder |

**The applicant(s) confirms that they are in good health and that they know of no reason for which they may seek medical attention. The applicant(s) confirms that currently no circumstance is known for which a claim may be made.**

Signature of Applicant |

## Section 5 - Broker / Agency Information (Broker Use only)

|                    |   |
|--------------------|---|
| Broker ID 51111728 | Broker Name Special Benefits Insurance Services |
|--------------------|---|