Visitor to Canada

Emergency Medical Insurance

TuGo® Travel Insurance

Traveller

FOR OFFICE USE ONLY - Policy #_____ **Date:** _____ **Agent:** SBIS Web

PART 1 - ELIGIBILITY - You are eligible for coverage if

1. You know of no reason for which you may seek medical attention.
2. You are:
   a) A foreign worker, or a visitor to Canada with valid legal status in Canada; or
   b) An immigrant awaiting provincial or territorial government health care coverage or
   c) A returning Canadian not eligible for a provincial or territorial government health care plan due to an extended leave.
3. You are not travelling against a physician's advice; or
4. You have not been diagnosed with a terminal condition.

☐ **I acknowledge that I/we have read and understand the eligibility criteria and am/are eligible**

Clear Form

PART 2 - APPLICANT INFORMATION

COVERAGE: ◯ Single ◯ Couple ◯ Family

	Last Name	First Name	Date of Birth (dd/mm/yyyy)	
1)				☐ Male ☐ Female
2)				☐ Male ☐ Female
3)				☐ Male ☐ Female

**If additional space is needed, please attach separately.

Street: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Email: _____

PART 3 - TRIP INFORMATION and STABILITY PERIOD

Arrival Date (dd/m/yy)	Effective Date (dd/mm/yy)	Expiry Date (dd/mm/yy)	Time of Application	Country of Origin
			☐ a.m. ☐ p.m.	

Is this coverage required for Supervisa? ☐ **Yes** ☐ **No** If Yes, a minimum of $100,000 coverage must be purchased and a minimum of 365 days as per Government Guidelines.

Coverage Options

☐ $25,000 ☐ $100,000 ☐ $200,000
☐ $50,000 ☐ $150,000

Deductible Options

☐ $0 (+15%) ☐ $1,000 (-10%) ☐ $5,000 (-25%)
☑ $150 - Automatic ☐ $2,500 (-20%) ☐ $10,000 (-35%)

Pre-Existing Stability Period

AGE	PRE-EXISTING CONDITIONS	STABILITY
59 and under	*Covered	120 days prior to the effective date or arrival in Canada - whichever occurs later
60 - 69	*Covered	180 days prior to the effective date or arrival in Canada - whichever occurs later
70 and over	Not Covered	Pre-existing conditions are not covered

PART 4 – PAYMENT INFORMATION

☐ Visa ☐ Mastercard ** An agent will contact you separately for the CVV (3 digit number on the back of the card).

Card #: _____ Expiry Date: _____ Name on Card: _____

Please Return to: Special Benefits Insurance Services - 7th Fl - 366 Bay St, Toronto ON M5H 4B2
Fax: (1) 416-601-0308 (E) general@sbis.ca

Questions? Contact us toll free at 1-800-667-0429, Monday to Friday 8:45am to 4:45 pm Eastern Time