

### PART 3 APPLICANT INFORMATION

#### Applicant 1

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth DD / MM / YY | Age at Application \_\_\_\_\_

#### Applicant 2

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth DD / MM / YY | Age at Application \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email Address (if any) \_\_\_\_\_

**FAMILY DEPENDENT INFORMATION** (if additional space for dependents is needed, please attach the information on a separate sheet)

Last Name	First Name	Date of Birth
1. _____	_____	<u>DD</u> / <u>MM</u> / <u>YY</u>
2. _____	_____	<u>DD</u> / <u>MM</u> / <u>YY</u>

### PART 4 TRAVEL INFORMATION

#### Applicant 1 Section (Single or Family)

#### Applicant 2 Section

**SINGLE TRIP COVERAGE** (Count both the Departure and Return Dates when determining the # of Travel Days)

Departure Date (Policy Effective Date) <u>DD</u> / <u>MM</u> / <u>YY</u>	Departure Date (Policy Effective Date) <u>DD</u> / <u>MM</u> / <u>YY</u>
Return Date (Policy Expiry Date) <u>DD</u> / <u>MM</u> / <u>YY</u>	Return Date (Policy Expiry Date) <u>DD</u> / <u>MM</u> / <u>YY</u>
Daily Rate _____ X # of Days _____ = \$ _____ <b>A1</b>	Daily Rate _____ X # of Days _____ = \$ _____ <b>A2</b>

**ANNUAL / MULTI-TRIP COVERAGE** If you are age 55 & over and would like to purchase an annual plan longer than our 16 Day Annual Plan, refer to our Destination: Travel Health Plans.

Covers the first 8, 16 or 32 days of any trip taken during the 365-day period from your policy effective date

8 Days  16 Days  32 Days

8 Days  16 Days  32 Days

Policy Effective Date <u>DD</u> / <u>MM</u> / <u>YY</u>	Policy Effective Date <u>DD</u> / <u>MM</u> / <u>YY</u>
Annual / Multi-Trip Premium = \$ _____ <b>B1</b>	Annual / Multi-Trip Premium = \$ _____ <b>B2</b>

**TOP UP COVERAGE** (Available for age 0 to 54) Must be purchased BEFORE Departure Date. Extends other coverage or your Destination: Travel Annual/Multi-Trip Plan.

(Please ensure that the top-up policy effective date is the next day after your other coverage)

Departure Date <u>DD</u> / <u>MM</u> / <u>YY</u>	Departure Date <u>DD</u> / <u>MM</u> / <u>YY</u>
Top-up Policy Effective Date <u>DD</u> / <u>MM</u> / <u>YY</u>	Top-up Policy Effective Date <u>DD</u> / <u>MM</u> / <u>YY</u>
Return Date (Policy Expiry Date) <u>DD</u> / <u>MM</u> / <u>YY</u>	Return Date (Policy Expiry Date) <u>DD</u> / <u>MM</u> / <u>YY</u>
Top-up Trip Length _____	Top-up Trip Length _____
Insurance Company Name _____	Insurance Company Name _____
# of days of Existing Coverage _____	# of days of Existing Coverage _____
Policy and/or Certificate number: _____	Policy and/or Certificate number: _____
Premium for Top-Up Coverage	Premium for Top-Up Coverage
Daily Rate _____ X # of Days _____ = \$ _____ <b>C1</b>	Daily Rate _____ X # of Days _____ = \$ _____ <b>C2</b>

### PART 5 PREMIUM CALCULATION

Premium Subtotal **A1 + B1 + C1 = \$ \_\_\_\_\_ P1** | Premium Subtotal **A2 + B2 + C2 = \$ \_\_\_\_\_ P2**

**Total Premium Due P1 + P2 = \$ \_\_\_\_\_ P3** | Minimum Premium \$15.00 per applicant/family

### PART 6 PAYMENT

**Cheque** Make payable to Special Benefits Insurance Services

**Visa**

**Mastercard**

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

Cardholder's Number \_\_\_\_\_

Expiry Date MM / YY

*\*Your agent will be contacting you for the CVV# (3 digit number on the back of your card)*

Signature of Cardholder (Only if different from applicants) \_\_\_\_\_ X

#### For Broker Use Only

Broker ID \_\_\_\_\_

Broker Name \_\_\_\_\_

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