

Destination: International Student Insurance

for Canadian Students studying abroad



Special Benefits Insurance Services
7th Fl - 366 Bay St Toronto, ON M5H 4B2
Toll-Free / 1-800-667-0429 Fax / 416-601-0308
Email / general@sbis.ca

Last Name	First Name	Date of Birth (dd/mm/yy)

Address in Canada		Apt
City	Prov.	Postal Code
Phone ()	Email	
Beneficiary Name	Relationship	
Name of Educational Institution		

SECTION 2 TRIP INFORMATION AND RATE CALCULATION

Application Date (dd/mm/yy)	Date of Departure (dd/mm/yy)
Effective Date (dd/mm/yy)	Expiry Date (dd/mm/yy)

Rate Calculation (min. premium \$20)	Rate	# of Persons	No. of Days	Total Premium Due
Each Student/Dependent \$2.00/day or \$655/year	\$			

SECTION 3 PAYMENT

Visa Mastercard Cheque / Money Order (payable to your broker: Special Benefits Insurance Services)

Cardholder's Name	
Cardholder's Number	Expiry Date (mm/yy)
Signature of Cardholder	

SECTION 4 DECLARATION

I understand that the Destination: International Student Insurance is subject to limitations and exclusions. I am aware that pre-existing medical conditions are covered only if they have been stable for 90 days prior to the effective date of my policy and I have paid the required premium.

I declare I am in good health and know of no reason to seek medical attention.

Signature of Student (or person acting on behalf of Student)	Date
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I understand that CUMIS General Insurance Company, a member of the Co-operators group of companies and AZGA Service Canada Inc. o/a Allianz Global Assistance (the administrator) may investigate my claim. By signing this application, I 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 or examined me or who has knowledge or records of me or my health, to furnish to Destination: Travel Group Inc., CUMIS General Insurance Company and Allianz Global Assistance any or all information with respect to any illness, injury, medical history, consultations, medicines or treatment and copies of all hospital and/or medical records for the purpose of investigating my claim (excluding genetic test results). Personal information is also collected for the purpose of providing insurance services, claims analysis and payments. For Privacy information please see www.allianz-assistance.ca.

SECTION 5 BROKER / AGENCY INFORMATION (BROKER USE ONLY)

Broker ID 51111728	Broker Name Special Benefits Insurance Services
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