

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

POLICY NUMBER For Office Use Only

VTC

15 01 APP ECA 0917 OPN

**Important Notice About Your Personal Information:** By submitting this application you agree that Royal & Sun Alliance Insurance Company of Canada ("we", "us") may collect, use and disclose your Personal Information (including to and from your broker, our affiliates and service providers and organizations that may have referred you to us) for purposes of quoting a premium, policy administration, improving customer experience, administering referral arrangements, and for other lawful purposes described in our Protecting Customer Privacy document. For a copy of this document please see www.rsatransitinsurance.com.

**ELIGIBILITY – Throughout this application, words in italics have a specific meaning and are defined in the DEFINITIONS section on the back of this form.**

- You must be a visitor to Canada, a person with a Canadian work visa or Super Visa, an immigrant to Canada or a Canadian resident, who is not eligible for a provincial or territorial government health insurance plan in Canada.
  - You must be at least 15 days of age on the effective date of the policy.
  - You must **NOT** be travelling against the medical advice of a physician and/or have been diagnosed with a terminal illness. A terminal illness means that you have a medical condition that is cause for a physician to estimate that you have less than 6 months to live or for which palliative care has been received.
  - You must **NOT** have a kidney disease requiring dialysis.
  - You must **NOT** have Congestive Heart Failure, or require the use of home oxygen.
  - You must **NOT** be experiencing new or undiagnosed symptoms and/or know of any reason to seek medical attention.
- Note:** Your *spouse* and/or *child(ren)* must also meet all the above criteria to be eligible for *family* coverage under this plan.

**APPLICANT INFORMATION (please print)**

Last Name:		First Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (D/M/Y):
Type of Coverage: <input type="checkbox"/> Single <input type="checkbox"/> Family (if applying for Family Coverage, complete SPOUSE AND CHILD(REN) section below)					
Please select your purchase type: <input type="checkbox"/> New Policy (no prior Visitors to Canada Travel Insurance policy issued)					
<input type="checkbox"/> Additional New Policy, please indicate your previous Visitors to Canada Travel Insurance policy number: _____					
Address in Canada:				City:	
Province:		Postal Code:		Telephone:	
Country of Origin:			Email:		
Contact Person in Canada			Last Name:		First Name:
Address:					Telephone:

**SPOUSE AND CHILD(REN) (please print) – For additional insureds, attach a separate page.**

Last Name	First Name	Sex	Date of Birth (D/M/Y)
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

**POLICY INFORMATION**

Sum Insured Options: (please select)	PLAN 1 Age 69 or under	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$300,000
	PLAN 1 Age 70 to 79	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000		
	PLAN 2 Age 50 or over	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000		
Deductible Options: (please select)	Age 85 or under	<input type="checkbox"/> \$100 (0%)	<input type="checkbox"/> \$0 (+5%)	<input type="checkbox"/> \$1,000 (-20%)			
	Age 86 or over	<input type="checkbox"/> \$500 (0%)					
Latest Date of Entry into Canada (D/M/Y)	Application Date (D/M/Y)	Application Time		Effective Date (D/M/Y)	Number of Days	Expiry Date (D/M/Y)	
		_____:_____ <input type="checkbox"/> AM <input type="checkbox"/> PM					

**PAYMENT – To calculate the Total Premium Due, refer to PREMIUM CALCULATION section on the back of this form.**

Age of Eldest Applicant on Effective Date: \_\_\_\_\_

Please select Plan (Applicants age 50 to 79 have the option of Plan 1 or 2):  Plan 1 (available for ages 79 or under)  Plan 2 (available for ages 50 or over)

Total Premium Due: \$ _____ Minimum of \$20	Submit this Application to:
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Special Benefits Insurance Services 7th Fl - 366 Bay St Toronto ON M5H 4B2 Fax: (1) 416-601-0308 Email: general@sbis.ca
Credit Card Number: _____ Expiry (M/Y): _____	

**DECLARATION AND SIGNATURE**

I understand that this emergency medical insurance is subject to limitations and exclusions. I am aware that *pre-existing medical conditions* may be excluded as set out in the Limitations and Exclusions of the policy. I further certify that the information given in this application is correct and that I understand the Waiting Period as specified below:

a) If you are age 85 or under and you purchased coverage within 30 days after arrival in Canada, then in respect of any *sickness*, you will not be entitled to receive reimbursement for *sickness* or symptoms which manifested or were contracted or treated within 48 hours following the effective date of this policy.

b) If you are age 85 or under and you purchased coverage more than 30 days after your arrival in Canada, then in respect of any *sickness*, you will not be entitled to receive reimbursement for *sickness* or symptoms which manifested or were contracted or treated within 7 days following the effective date of this policy.

c) If you are age 86 or over and you purchased coverage at any time after your arrival in Canada, then in respect of any *sickness*, you will not be entitled to receive reimbursement for *sickness* or symptoms which manifested or were contracted or treated within 15 days following the effective date of this policy.

Exception: This waiting period will be waived if this policy is purchased on or prior to the expiry date of an existing Visitors to Canada Travel Insurance policy already issued by the Insurer, to take effect on the day following such expiry date provided no increase in the Sum Insured Option is applied for. The existing policy must be in effect on the date of purchase and there must be no gap in coverage.

Applicant Signature: _____	Date (D/M/Y): _____
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