

STUDENT TRAVEL INSURANCE APPLICATION FORM

Eligibility

You are **eligible** for coverage under this policy if:

- You are under the age of 45; and
- You are either a full-time student with proof of admission or enrolment in a recognized institute of learning; or a full-time student completing post-doctoral research in a recognized institute of learning; and
- You are purchasing coverage as:
 - an inbound student, when your *home country* is not Canada and you are temporarily residing in Canada; or
 - an outbound student, when your *home country* is Canada, and you are covered under a Canadian provincial/territorial government health insurance plan while you are temporarily residing outside Canada; or
 - a national student when your *home country* is Canada and you are covered under a Canadian provincial/territorial government health insurance plan while you are temporarily residing in another Canadian province or territory.

You can insure your *spouse* and *dependants* under your policy.

It's your responsibility to ensure continued coverage, where applicable, under the provincial/territorial government health insurance plan of the province/territory where you permanently reside.

You are NOT eligible for coverage if you answer "Yes" to ANY of the following questions:

- Has a physician advised you against travel?
- Do you require kidney dialysis?
- Have you used home oxygen at any time during the 12 months prior to the date of application?
- Have you been diagnosed with a terminal illness with less than two years to live?

If you have answered "Yes" to **any** of the questions, you are **not** eligible for coverage. **Do not** proceed any further.

If your *spouse* or any of your *dependants* has answered "Yes" to **ANY** of the questions, then that person is not eligible for coverage under this plan.

I confirm that I and, if applicable, each person listed in my application for Family Coverage, answered NO to each question, and am/are eligible for coverage.

Definitions

Dependant means your unmarried child living with you who is under age twenty-one (21) and who is dependent upon you for at least fifty percent (50%) of their maintenance and support, and who is residing with you on your trip.

Home or **Home country** means the country where you permanently reside.

Spouse means the person to whom you are legally married, or with whom you have been living in a conjugal relationship for at least one full year before the effective date of this insurance, and who is residing with you on your trip.

Step 1 • Applicant Information

APPLICANT						DATE OF BIRTH	
Last Name		First Name		<input type="checkbox"/> M <input type="checkbox"/> F		(MM/DD/YYYY)	
HOME ADDRESS							
Street		Apt No.	City	Province/State	Country	Postal/Zip Code	Phone
ADDRESS DURING STUDYING PERIOD							
Street		Apt No.	City	Province/State	Country	Postal/Zip Code	Phone
EMERGENCY CONTACT							
Name		Relationship		Country		Phone	
FOR STUDENTS COMING TO CANADA			FOR CANADIANS			DATE OF APPLICATION	
Arrival date in Canada (MM/DD/YYYY)			Date you leave/left your <i>home</i> province (MM/DD/YYYY)			(MM/DD/YYYY)	
NAME OF SCHOOL			CITY	EDUCATION START DATE		EXPECTED EDUCATION COMPLETION DATE	
				(MM/DD/YYYY)		(MM/DD/YYYY)	

Step 2 • Spouse & Dependant Information

SPOUSE						DATE OF BIRTH	
Last Name		First Name		<input type="checkbox"/> M <input type="checkbox"/> F		(MM/DD/YYYY)	
1. DEPENDANT						DATE OF BIRTH	
Last Name		First Name		<input type="checkbox"/> M <input type="checkbox"/> F		(MM/DD/YYYY)	
2. DEPENDANT						DATE OF BIRTH	
Last Name		First Name		<input type="checkbox"/> M <input type="checkbox"/> F		(MM/DD/YYYY)	
3. DEPENDANT						DATE OF BIRTH	
Last Name		First Name		<input type="checkbox"/> M <input type="checkbox"/> F		(MM/DD/YYYY)	

Step 3 • Duration of Coverage

START DATE		END DATE		TOTAL NUMBER⁽¹⁾ OF DAYS	
(MM/DD/YYYY)		(MM/DD/YYYY)		Line A	

⁽¹⁾ Count the day you leave and the day you return.

