

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 _____ = \$ _____ A1	Daily Rate _____ X # of Days _____ = \$ _____ A2

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 = \$ _____ B1	Annual / Multi-Trip Premium = \$ _____ B2

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 _____ = \$ _____ C1	Daily Rate _____ X # of Days _____ = \$ _____ C2

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
860 - 20 Toronto St (F) 1-416-601-0308
Toronto ON M5C 2B8 (E) general@sbis.ca

PART 1 ELIGIBILITY REQUIREMENTS

To be completed with your Destination: Travel Health Plans Application for Travel Medical Insurance. The Coronavirus (COVID-19) Rider is available for single trip unforeseen medical emergencies related to COVID-19 only. It is not available as a rider on Annual Multi-Trip Plans.

The COVID-19 Rider must be purchased in conjunction with a Destination: Travel Health Plans policy. The COVID-19 Rider cannot be sold separately and will apply to travel dates selected on **Part 5 – Travel Information** on Page 3 of your Application for Travel Medical Insurance.

You must meet all the eligibility requirements as stated in #1, 2, 3, and 4 of your Application for Travel Medical Insurance.

IF YOU ARE ELIGIBLE, PLEASE COMPLETE THE BALANCE OF THIS APPLICATION.

PART 2 APPLICATION INFORMATION

All details should be entered in the same manner as on **Part 2 – Applicant Information** on page 2 of your Application for Travel Medical Insurance.

Applicant 1	Applicant 2
Last Name	Last Name
First Name	First Name

PART 3 COVID-19 RIDER OPTIONS

In addition to your Destination: Travel Health Plans, you may choose to cover COVID-19 with the rider. If you select this option, expenses related to COVID-19 are subject to the overall maximum as stated in the rider per insured for reasonable and customary charges incurred by you as a result of an emergency in relation to COVID-19 and related complications.

Would like COVID-19 Coverage for your single trip? **Applicant 1** Yes No **Applicant 2** Yes No

PART 4 PREMIUM CALCULATION

All details should be entered in the same manner as on **Part 6 – Premium Calculation** on page 3 of your Application for Travel Medical Insurance.

	Applicant 1	Applicant 2
Subtotal after adjustment for deductible	\$ _____ P9	\$ _____ P10
If you answered Yes to COVID-19 Rider Option multiply by 1.15		
Total Premium of Travel Medical Insurance plus the COVID-19 Rider	= \$ _____ P11	= \$ _____ P12

Total Premium Due P11 + P12 = \$ _____ The **TOTAL PREMIUM DUE** includes the premium of the Destination: Travel Health Plans

PART 5 APPLICANT(S) ACKNOWLEDGEMENT

EACH APPLICANT MUST SIGN BELOW

SIGN HERE ✕	Signature Required	SIGN HERE ✕	Signature Required
	Applicant 1 Signature		Applicant 2 Signature
	/ /		/ /
	Date of Application (DD/MM/YY)		Date of Application (DD/MM/YY)

For Broker Use Only

Broker ID 511117128	Broker Name Special Benefits Insurance Services 860 - 20 Toronto St Toronto ON M5C 2B8	(P) 1-800-667-0429 (F) 1-416-601-0308 (E) general@sbis.ca
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