.:Viator™

Inpatriate Health Insurance

Application

RSA

For Office Use Only | **POLICY NUMBER**

ALL SECTIONS OF THE APPLICATIONS MUST BE COMPLETED CORRECTLY IN ORDER THAT A POLICY CAN BE ISSUED.

35 01 APP ECA 0212 000

SECTION 1 - Applicant / Plan Sponsor Information

Company Name: Contact Name:

Address:

Telephone: Fax: E-mail:

Type of Business: Language:

SECTION 2 - Employee Information

Last Name: First Name:

Sex: ❑ F ❑ M Date of Birth: D M Y

Canadian Mailing Address:

City: Province: Postal Code:

Country of Origin / Home Country: Telephone Number:

Effective date: D M Y Expiration date: D M Y

Overall Maximum Limit: ❑ $100,000 ❑ $500,000 ❑ $1,000,000

SECTION 3 - Spouse and Dependent Information (If to be covered)

	Last Name	First Name	Relationship	Sex	Date of Birth
1:				❑ F ❑ M	D M Y
2:				❑ F ❑ M	D M Y
3:				❑ F ❑ M	D M Y
4:				❑ F ❑ M	D M Y

Effective date: D M Y Expiration date: D M Y

Overall Maximum Limit: ❑ $100,000 ❑ $500,000 ❑ $1,000,000

SECTION 4 - Declaration and Authorization

Part A - I / we understand that any sickness or injury for which I-/-we experienced symptoms or for symptoms requiring investigation, or any sickness or injury for which I-/-we required medical treatment or was prescribed, had taken or is currently taking medication, prior to the policy's effective date will not be covered under the terms and conditions of the policy.

Part B - I / we authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or any other organization, institution or person that has any records or knowledge of me, my spouse and/or my dependent children, or our health, to release to Global Excel Management Inc., any such information. A photostatic copy of this authorization shall be valid as the original. Any inaccuracies on this application could affect my coverage if the inaccurate information affects the risk assessment made with respect to my policy.

✍ Signature of Employee: _____ Date: D M Y

SECTION 5 - Premium Calculation

	Number of months		Rate per month		Premium
Single		X	$	=	$
Couple		X	$	=	$
Family		X	$	=	$
			Retail Sales Tax (ON 8%, QC 9%)	=	$
			For residents of Ontario or Quebec		
			Total Premium Due	=	$

SECTION 6 - Method of Payment

Please check the method of payment you have selected:

❑ Visa ❑ MasterCard ❑ Amex ❑ Cheque made payable to RSA.

Payment must be on a company cheque
or a letter attached indicating it is company paid.

Card Number	Expiry Date	Signature of Cardholder	Date Signed
	M Y		D M Y

SECTION 7 - Broker Information

Broker Name: Easy Links Financial Inc.

Complete Address: 1400-251 Consumers Rd.

Telephone: 1-877-838-0020 Fax: 416-583-2122

E-mail: admin@easylinks.ca

Signature: Date: D M Y

Broker Stamp

Broker Number 6729