

Language preference English French

1. Coverage is NOT AVAILABLE to any individual who, as of their effective date:
- a) has been diagnosed with a terminal illness; or
 - b) has been diagnosed with or has had an episode of congestive heart failure; or
 - c) has had their most recent heart surgery more than 10 years ago; or
 - d) has been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); or
 - e) has been diagnosed with stage 3 or 4 cancer, or cancer of the lung, liver, pancreas, or bone; or has received treatment for any cancer (other than basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) in the past 3 months; or
 - f) has had a lung condition for which, in the last 12 months, they have been prescribed or used home oxygen; or
 - g) has received or is awaiting a bone marrow or major organ transplant; or
- h) has been diagnosed with or received treatment for kidney disease requiring dialysis; or
- i) has been diagnosed with an aneurysm that has not been repaired; or
- j) requires assistance with activities of daily living.
2. To be eligible for coverage you must:
- a) be at least 15 days old and not more than 69 years old; and
 - b) not be insured or eligible for benefits under a Canadian government health insurance plan; and
 - c) be in good health at the time you purchase your policy and on the date you exit your country of origin, and know of no reason to seek medical consultation during the period of coverage; and
 - d) not have exceeded two years of uninterrupted coverage under an Allianz Global Assistance administered insurance plan.

Step 1 – Applicant Information

Sex	First Name	Last Name	Birth Date
M / F			MM/DD/YYYY
M / F			MM/DD/YYYY
M / F			MM/DD/YYYY

Address in Canada:

City/Province: _____ Postal Code: _____

Telephone Number: () _____ E-mail Address: _____

Beneficiary Name: _____ Relationship: _____

Country of Origin: _____

Step 2 – Coverage Dates

Effective Date: MM/DD/YYYY _____ Expiry Date: MM/DD/YYYY _____

Date of Entry to Canada: MM/DD/YYYY _____ No. of Days Coverage: _____

Step 3 – Coverage Selection and Premium Calculation

A. Inpatriates to Canada plan (AD&D is included up to the maximum sum selected)		Single Premium
1. Maximum Aggregate	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000	
2. Rate Per Month		
3. Total Number of Months		
4. Total Premium	Rate per month x Total number of months	
5. Deductible Options	<input type="checkbox"/> \$500 (-5% savings) <input type="checkbox"/> \$1,000 (-10% savings) <input type="checkbox"/> \$5,000 (-30% savings)	
6. Deductible Savings	Total premium x Savings %	
7. Total Inpatriates to Canada Plan Premium Due	Total Premium – Deductible Savings	
B. Flight Accident		
	<input type="checkbox"/> \$200,000 <input type="checkbox"/> \$500,000	
C. Trip Interruption		
	<input type="checkbox"/> \$800 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	
Total Premium Due = A + B + C		\$

Minimum premium for the Inpatriates to Canada plan is one month per policy.

Step 4 – Payment

Visa MC Amex Diners Cheque Cardholder's Signature: _____

Cardholder's Name: _____ Date: MM/DD/YYYY _____

Credit Card Number: _____ Expiry Date: / _____