

# Application

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20 47 APP ECA 0817 000

## ELIGIBILITY

1. The applicant must:
- be 15 days of age or over and 65 years old or less;
  - be a student or dependent of the covered student;
  - not be eligible for a provincial or territorial government health insurance plan in Canada; and
  - know of no reason to seek medical attention at the time of purchase.

**Note:** Each student and dependent must apply individually and will be covered under separate policies provided the appropriate premiums have been paid. Definitions of student and dependent are found on the reverse.

## APPLICANT INFORMATION

Last Name:		First Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Student <input type="checkbox"/> Dependent	Name of covered Student:	
Country of Origin:	Date of Birth (D/M/Y): / /	Date of Arrival in Canada (D/M/Y): / /	
<b>For Student, please enclose your proof of admission and registration at a recognized Canadian institution of learning.</b>		School Name:	
Address in Canada:			
City:	Province:	Postal Code:	
Phone Number:	Fax Number:	Email:	
Beneficiary in case of death:			

## INSURANCE PERIOD and PAYMENT

Effective Date (D/M/Y): / /	Expiry date (D/M/Y): / /	Number of days:
Daily Rate:	Total Premium Due (Minimum Premium \$25):	
<input type="checkbox"/> Cash <input type="checkbox"/> Certified Cheque/Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Cheque made payable to the broker or sales agent indicated on the front of this application		
Credit Card Number: _____	Expiry Date (M/Y): ____/____	
Cardholder's Signature:  _____		

## MEDICAL AUTHORIZATION and DECLARATION

I hereby apply for coverage under this insurance policy. I am in good health and know of no reason to seek medical attention.

**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:**

- any sickness or symptoms which manifested or were contracted or treated within 48 hours following the effective date of this policy, when this policy is purchased within 30 days after your arrival in Canada; or
- any sickness or symptoms which manifested or were contracted or treated within 7 days following the effective date of this policy, when this policy is purchased more than 30 days after your arrival in Canada.

Exception: This exclusion shall not apply, when this policy is purchased on or prior to the expiry date of an existing International Student Emergency Medical Travel Insurance policy already issued by the Insurer, to take effect on the day following such expiry date. The existing policy must be in effect on the date of purchase and there must be no gap in coverage.

I understand that Royal & Sun Alliance Insurance Company of Canada and Global Excel Management Inc. may investigate my claim. By signing this application, I also hereby direct and authorize any physician, health care practitioner, hospital or other medical care facility, pharmacy, the Ministry of health or any other person who has attended and examined me or who has knowledge or records of me or my health, to furnish to Royal & Sun Alliance Insurance Company of Canada and to Global Excel Management Inc. any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.

Applicant's Signature: \_\_\_\_\_

Date (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(If Applicant is under the age of 16 years)

## For Office Use Only

Policy Number:	Effective Date (D/M/Y):	Expiry Date (D/M/Y):	Premium Paid:
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RATE SCHEDULE	STUDENT	DEPENDENT
Daily Rate	\$1.45	\$1.63

Rates and products described are subject to change without prior notice.

**Applying by fax:** When applying by fax, please make your premium payment by credit card. Certified cheques and money orders will be accepted by mail provided the payment is received within 10 business days of the application date. No coverage will be in effect unless premium payment has been received.

### IMPORTANT NOTICE

**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.rsatravelinsurance.com](http://www.rsatravelinsurance.com).

### DEFINITIONS

**“Student”** means:

- a) an eligible student who has arrived in Canada, who is admitted to and enrolled in a minimum of 60% of the usual course requirements for the program in which they are registered, and attending a recognized Canadian institution of learning; or
- b) a student completing post-doctorate research in a recognized Canadian institution of learning.

**“Dependent(s)”** means:

- a) a spouse, aged 65 or less, who is legally married to a covered student or who has been residing with a covered student in a conjugal relationship for at least the last 12 months; or
- b) an unmarried child who is a dependent of a covered student and who is between 15 days and 22 years of age, or is a full-time student who is under 26 years of age at the time of purchase and is residing with a covered student in Canada; or
- c) a child of any age, if the child has permanent physical impairment or a permanent mental deficiency on the date of purchase and who is a dependent of the covered student.