TIC travel insurance

APPLICATION FOR INTERNATIONAL STUDENT HOSPITAL & MEDICAL

Language preference ❑ English ❑ French

STEP 1 APPLICANT INFORMATION (Please Print)

Include names of all family members applying for coverage

Sex	First Name	Last Name	Birth Date
M / F	Student	Student	M M / D D / Y Y Y Y
M / F			M M / D D / Y Y Y Y
M / F			M M / D D / Y Y Y Y
M / F			M M / D D / Y Y Y Y
M / F			M M / D D / Y Y Y Y

Address in Canada

City/Prov. Postal Code

Telephone Number ( ) E-mail Address

Beneficiary Name Relationship

STEP 2 APPLICATION DETAILS (Please Print)

Application Date M M / D D / Y Y Y Y

Date of Entry to Canada M M / D D / Y Y Y Y

Effective Date M M / D D / Y Y Y Y

Expiry Date M M / D D / Y Y Y Y

No. of months coverage _____

For purchase of additional coverage.
Previous Policy Number:

_____

Name of Educational Institution attended in Canada _____

Address of Educational Institution _____

Education Start Date M M / D D / Y Y Y Y

Expected Education Completion Date M M / D D / Y Y Y Y

Are you enrolled as a full time student?* ❑ Yes ❑ No

(*enrolled in a minimum of 60% of the usual course requirements for the program in which enrolled)

STEP 3 COVERAGE SELECTION

Coverage	Premium Rate per Month (A)	No. of Persons (B)	No. of Months (C)	Total Premium (A x B x C)
Single Coverage	$			$
Family Coverage	$			$

STEP 4 PAYMENT AND DECLARATION

❑ Visa ❑ MC ❑ Amex ❑ Diners ❑ Cheque

Card No.

Expiry Date _____ /_____ Auth. No. _____

_____

Cardholder's Signature

Submit this Application to:

Agency Code **2168**

Ray Battiston

Fax: 705-752-5198

Phone: 705-752-1723
Toll free: 1-800-526-7420
Email: raybattiston@on.aibn.com
Website: www.IceColdNorth.com

Mailing Address:
151 Osprey Cresent
Callander, ON
PoH 1Ho

I am in good health and know of no reason to seek medical attention.

_____ _____

Signature of the Student Date (MM/DD/YYYY)