BLUE CROSS®
TRAVEL INSURANCE

HealthQuotes.ca
We care about our clients!
HQ1-52000108
5145 Steeles Ave. West, Entrance A, Suite 202
Toronto, Ontario M9L 1R5

Fax application to:
1-866-676-4581
(416) 746-6208 (Toronto)
Assistance: **1-800-474-4474**

INSURANCE APPLICATION VISITORS TO CANADA

Subscription of insurance must be within 30 days of arrival in Canada. The contract and the coverage will come into force 72 hours following purchase of the product.

TRAVEL INFORMATION

Date of purchase	Arrival date in Canada	Effective date of contract	Expiry date of contract	Number of days
/ / (Month Day Year)	/ / (Month Day Year)	/ / (Month Day Year)	/ / (Month Day Year)	

Country of origin

Important : The duration of trips in the United States must be shorter than the duration of trips in Canada.

PERSONAL INFORMATION

	First name	Last name	Sex	Date of birth Month	Day	Year
Applicant						
Spouse						
Dependent children						

Home phone number ( )

Business phone number ( )

YOUR CONTRACT WILL BE MAILED TO YOU AT THE ADDRESS SPECIFIED.

Mailing address

Postal Code

City

Country

E-mail

Existing supplementary insurance

Name of insurance company

Policy number

Reason for visiting Canada

- ❑ Study
- ❑ Immigration
- ❑ Work
- ❑ Visit
- ❑ Returning Canadians

Coverage desired

- ❑ Individual
- ❑ Single-parent
- ❑ Couple (sum of the individual premium for each spouse)
- ❑ Family

Premium

$CDN

(please refer to the enclosed rate chart to determine your premium)

Student information *Optional information. This information will be required upon presentation of a clain.*

Name of university

Date of registration at Canadian university / / (Month Day Year)

Student authorization number

Employer information *Optional information. This information will be required upon presentation of a clain.*

Name of employer

DECLARATION (To be read, understood and signed if applying as an immigrant, a foreign worker or foreign student)

Each insured hereby declares not currently residing in a nursing home, rest home, convalescent home, rehabilitation centre or chronic care center for the aged. No insured hereby has been advised to seek medical treatment in the future, nor coming to Canada for the purpose of obtaining medical treatment. Each insured hereby complies with the Canadian government's medical requirements to obtain the status of landed immigrant, foreign worker or foreign student. Each insured hereby authorizes Blue Cross and its signing officers to collect, use and disclose information pursuant to applicable provincial legislation, for claim settlement purposes. Each insured hereby understands that the policy has a pre-existing medical condition clause whereby the insurer limits the coverage.

Signature of applicant

Signature of spouse

Date / / (Month Day Year)

METHOD OF PAYMENT

Credit card ☐ American Express ☐ MasterCard ☐ VISA ☐ Diners Club International

Amount

☐ Other certified method of payment:

Card number

Expiry month year

Authorization

Signature of applicant

Date / / (Month Day Year)

01ONT0204A (02-05)

THE CONTRACT CONTAINS CLAUSES WHICH LIMIT ITS INSURANCE COVERAGE. PLEASE READ IT CAREFULLY.