



# APPLICATION FOR INTERNATIONAL STUDENT HOSPITAL & MEDICAL

NO PRE-EXISTING CONDITIONS COVERAGE

Plan Code: TICQUE  
Agency Code: TPAC

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	MM / DD / YYYY
M / F			MM / DD / YYYY
M / F			MM / DD / YYYY
M / F			MM / DD / YYYY
M / F			MM / DD / YYYY

Address in Canada \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_

## STEP 2 APPLICATION DETAILS (Please Print)

Application Date MM / DD / YYYY	Effective Date MM / DD / YYYY	For purchase of additional coverage. Previous Policy Number: _____
Date of Entry to Canada MM / DD / YYYY	Expiry Date MM / DD / YYYY	
Country of Origin _____	No. of months coverage _____	

Name of Educational Institution attended in Canada \_\_\_\_\_

Address of Educational Institution \_\_\_\_\_

Education Start Date MM / DD / YYYY \_\_\_\_\_

Expected Education Completion Date MM / DD / YYYY \_\_\_\_\_

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	Annual Premium	Premium per Month (A)	No. of Months* (B)	Total Premium (A x B)*
<b>Student only Coverage</b>	\$495	\$55		
<b>Student / Spouse Coverage</b>	\$990	\$110		
<b>Family Coverage (incl. maternity benefits)</b>	\$1,485	\$165		

\*to purchase coverage for 10, 11 or 12 months multiply the monthly premium by 9 only.

## STEP 4 PAYMENT AND DECLARATION

<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Diners <input type="checkbox"/> Cheque Card No. _____ Expiry Date ____ / ____ Auth. No. _____ Cardholder's Signature _____	Submit this Application to: _____ Agency Code TPAC Telfer International 507 Place d'Armes, Suite 250 Montreal, QC, CANADA H2Y 2W8 Tel: (514) 284-2002 Fax: (514) 284-3203 Email us at: info@telferinc.com
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I am aware that the policy I am applying for does not provide coverage for any sickness, injury or medical condition that exhibited symptoms, for which a diagnosis need not have been made, or required any or all of, medical consultation, prescription medication, medical treatment or hospitalization prior to this effective date. I am in good health and know of no reason to seek medical attention.

Signature of the Student \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_