

# EMERGENCY INSURANCE APPLICATION

Your personal information is collected for the purpose of providing you with insurance services, claims analysis and payments.

## APPLICANT INFORMATION

<input type="checkbox"/> F <input type="checkbox"/> M		Last Name: _____	First Name: _____
Country of Origin: _____	Date of Birth (DMY): / /	Date of Arrival in Canada (DMY): / /	
Please enclose proof of admission and registration at a recognized Canadian institution of learning.		School Name: _____	
Address in Canada: _____			Apt: _____
City: _____	Province: _____	Postal Code: _____	
Phone Number: _____	Fax Number: _____	E-mail: _____	

## DEPENDENT INFORMATION

Spouse: _____	Legally married	Residing together for at least 12 months	Date of Arrival in Canada (DMY): / /
LAST NAME		FIRST NAME	SEX
Spouse: _____	_____	Date of Birth (DMY) _____	F M
Child: _____	_____	Date of Birth (DMY) _____	F M
Child: _____	_____	Date of Birth (DMY) _____	F M

## INSURANCE PERIOD and PAYMENT MODE

Effective Date (DMY): / /	Termination date (DMY): / /	Number of days: _____
Daily Rate: _____	Number of Persons: _____	Total Premium (Minimum Premium \$20): _____
Cash	Certified Cheque/Money Order	
Visa	Master Card	
Credit Card Number: _____	Expiry Date (MY): ____	
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 Claims at TuGo 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 examines me or who has knowledge or records of me or my health, to furnish to Claims at TuGo any or all information with respect to my sickness, injury, medical history, consultation, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.

Applicant's Signature: \_\_\_\_\_ Date (DMY): / /