



TISI VTC Insurance Plan

Aplicant Information

Table with 5 columns: Family Name, First Name, D.O.B, Sex, Relationship. It contains four rows for family members, with the Sex column pre-filled with 'M / F'.

Address in Canada

Form fields for Address In Canada, City, Province, Postal Code, Phone Number, and Fax Number.

Travel Dates (DD/MM/YY)

Form fields for Arrival Date, Effective Date, Expiry Date, Trip Length, Sum Insured (with checkboxes for \$10,000, \$25,000, \$50,000, \$100,000), and Total Premium Due.

Payment Mode

- Payment options: Cash, Certified Cheque / Money Order, Visa, Master Card.

Credit Card Number [grid of boxes]

Expiry Date(M/Y) [grid] Cardholder's Signature _____

I hereby apply for coverage under this insurance policy. I understand that hospital and medical insurance excludes any sickness or injury occurring during the 180 days immediately preceding the effective date and that sickness related coverage begins 48 hours from the effective date unless this coverage is purchased prior to arrival in Canada or before the expiry date of an existing TIC Visitors to Canada Policy. I declare that I am in good health and know of no reason to seek medical attention.

Applicant's Signature: _____ Application Date: _____