

## DESTINATION: INTERNATIONAL STUDENT INSURANCE

for Canadian Students studying abroad

### Section I – Applicant Information (include names of all dependents applying)

Last Name	First Name	Date of Birth (DD/MM/YY):	Sex	
			<input type="checkbox"/> F	<input type="checkbox"/> M
			<input type="checkbox"/> F	<input type="checkbox"/> M
			<input type="checkbox"/> F	<input type="checkbox"/> M
			<input type="checkbox"/> F	<input type="checkbox"/> M

Address in Canada:		Apt:	
City:	Province:	Postal Code:	
Phone Number:	Email Address:		
Beneficiary Name:	Relationship:		
Name of Educational Institution:			

### Section II – Trip Information and Rate Calculation

Application Date (DD/MM/YY):				
Effective Date (DD/MM/YY):		Expiry Date (DD/MM/YY):		
Rate Calculation (minimum premium \$20)	Rate	# of Persons	No. of Days	Total Premium Due
Each Student/Dependent \$2.00/day or \$655/year	\$			\$

### Section III – Payment

<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Cheque/Money order (payable to your broker or payable to: The Destination: Travel Group Inc.)
Card Number:		Expiry (MM/YY):
Cardholder's Name:		
Cardholder's signature:		

### Section IV - Declaration

I understand that the Destination: International Student Insurance is subject to limitations and exclusions. I am aware that pre-existing medical conditions are covered only if they have been stable for 90 days prior to the effective date of my policy and I have paid the required premium. I declare I am in good health and know of no reason to seek medical attention.

\_\_\_\_\_  
Signature of Student (or person acting on behalf of Student)

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

I understand that CUMIS General Insurance Company, a member of the Co-operators group of companies and SelectCare Worldwide may investigate my claim. By signing this application, I 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 or examined me or who has knowledge or records of me or my health, to furnish to Destination: Travel Group Inc / CUMIS General Insurance Company, a member of the Co-operators group of companies and SelectCare Worldwide any or all information with respect to any illness, injury, medical history, consultations, medicines or treatment and copies of all hospital and/or medical records for the purpose of investigating my claim. Personal information is also collected for the purpose of providing insurance services, claims analysis and payments. For Privacy information please see [www.cooperatorstravelinsurance.ca](http://www.cooperatorstravelinsurance.ca).

### Section IV – Broker / Agency Information (Broker Use only)

Broker/Agent Name:	
Broker ID:	