

Visitors to Canada Emergency Medical Insurance

Declaration Form



TRAVELANCE
YOUR PEACE OF MIND, OUR PROMISE

I _____ (purchaser's name) confirm that I have
purchased the Travelance **Visitors to Canada Emergency Medical Insurance Lite or Essential Plan**,
Policy Number: _____ for
_____ (insureds' name).

_____ (broker's name) has explained to me the
coverages, exclusions, limitations and provisions of the policy.

Furthermore, I understand that the Travelance Visitors to Canada Emergency Medical Insurance
Premier Plan has upgraded benefits and coverages, which I declined to purchase.

I confirm that I have read and understand the policy wording.

Signed at: _____ (city, province)

Date: ____/ ____/ ____ (dd/mm/yyyy)

Purchaser Signature: _____

Full Name: _____