

Medi-Select Advantage®

Health and Hospitalization Insurance

for International Students

Your personal information is collected for the purpose of providing you with insurance services, claims analysis and payments. Call 1-800-891-0370 for a copy of the **etfs** Privacy Statement. For Privacy Information, please see www.royalsunalliance.ca, or call us at 1-800-716-4339.

Broker



ELIGIBILITY

To be eligible for coverage under this plan:

- The applicant must:
 - be 65 years old or less; and
 - not be eligible for a provincial or territorial health insurance plan in Canada; and
- The applicant must:
 - be a student and provide proof of admission in a recognized Canadian institution of learning; or
 - be a student completing post-doctorate research in a recognized Canadian institution of learning.
- The applicant's spouse and child(ren) may be covered if the appropriate premium is paid. (See definitions of spouse and child(ren) on the back.)

APPLICANT INFORMATION

F
 M Last Name: _____ First Name: _____

Country of Origin: _____ Date of Birth (D/M/Y): / / Date of Arrival in Canada (D/M/Y): / /

Please enclose proof of admission and registration at a recognized Canadian institution of learning. School Name: _____ Date of Enrollment (D/M/Y): / /

Address in Canada: _____ Apt: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____ Email: _____

Beneficiary in case of death: _____

DEPENDENT INFORMATION

Spouse: Legally married Residing together for at least the last 12 months Date of Arrival in Canada (D/M/Y): / /

	LAST NAME	FIRST NAME	DATE OF BIRTH (D/M/Y)	SEX
Spouse:	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>
Child:	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>
Child:	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>
Child:	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>

INSURANCE PERIOD and PAYMENT MODE

Desired Effective Date (D/M/Y): / / Termination Date (D/M/Y): / / Number of months of coverage: Total Premium Due: _____

Cash Certified Cheque / Money Order (Please make payable to **etfs**)

Visa Master Card Diners American Express

Credit Card Number: _____ Expiry Date (M/Y): ____/____

Cardholder's Signature: _____

MEDICAL AUTHORIZATION and DECLARATION

I understand that I must purchase the policy within 30 days from the earlier of the date of my arrival in Canada, or the date of my enrolment at a recognized Canadian institution of learning. I understand that if I am presently insured under an insurance policy administered by **etfs**, I must pay the insurance premium prior to the termination date of my existing policy. If I do not satisfy the above conditions, I understand that I will not be covered for a sickness occurring during the first 30 days of this insurance coverage.

I understand that Royal & Sun Alliance Insurance Company of Canada and Global Excel Management Inc. 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 examined me or who has knowledge or records of me or my health, to furnish to Royal & Sun Alliance Insurance Company of Canada and to Global Excel Management Inc. any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.

Applicant's Signature: _____ Date (D/M/Y): ____/____/____

FOR OFFICE USE ONLY

Effective Date (D/M/Y): / / Policy Number: _____

Expiry Date (D/M/Y): / / Premium Paid: 30-Day Penalty

RATE SCHEDULE

MONTHS	Individual Coverage	Student with 1 dependent	Student with 2 or 3 dependents	Student with 4 or more dependents
12	\$628	\$1,381	\$2,679	\$3,751
11	\$623	\$1,368	\$2,649	\$3,714
10	\$570	\$1,253	\$2,427	\$3,401
9	\$519	\$1,138	\$2,204	\$3,087
8	\$466	\$1,023	\$1,981	\$2,774
7	\$414	\$907	\$1,759	\$2,461
6	\$362	\$793	\$1,535	\$2,148
5	\$305	\$666	\$1,293	\$1,807
4	\$247	\$540	\$1,049	\$1,466
3	\$189	\$414	\$805	\$1,125
2	\$126	\$276	\$537	\$750
1	\$63	\$138	\$269	\$375

The rates and products described are subject to change without notice at any time.

DEFINITIONS

"**Child(ren)**" means an unmarried child of the principal insured or his/her spouse, who is dependent on the principal insured for support, provided that such child is 22 years old or less on the date of application, or is 25 years old or less provided it can be proven that the child is a full-time student, or is over 22 years of age and has a permanent physical impairment or a permanent mental deficiency on the date of application.

"**Spouse**" means the person, aged 65 or less, to whom the principal insured is legally married or with whom the principal insured has been residing for at least the last 12 months.



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