

If you are already in Canada, insurance must be purchased within 30 days of your arrival. The contract and the coverage will come into force 72 hours following purchase of insurance. The duration of trips in the US must be shorter than duration of trips in Canada. Premium and coverage amounts specified are in Canadian funds.

Broker ID *(Broker use only)*

Certificate number

Travel Information

Date of purchase (yyyy/mm/dd)	Arrival date in Canada (yyyy/mm/dd)	Effective date of contract (yyyy/mm/dd)	Expiry date of contract (yyyy/mm/dd)	Number of days
Country of origin				

Personal Information

Applicant's first name	Last name	Date of birth (yyyy/mm/dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse's first name	Last name	Date of birth (yyyy/mm/dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent's first name	Last name	Date of birth (yyyy/mm/dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent's first name	Last name	Date of birth (yyyy/mm/dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent's first name	Last name	Date of birth (yyyy/mm/dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent's first name	Last name	Date of birth (yyyy/mm/dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home phone number (10 digits)	Applicant's business phone number (10 digits)		

Your contract will be mailed to this address.

Address	City	Country
Postal code	E-mail address	

Existing Supplementary Insurance

Name of insurance company	Policy number
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Reason for visiting Canada

- Study Work
 Immigration Visit

Coverage desired

- Individual Couple *(sum of individual premium for each spouse)*
 Single parent Family

Premium

\$CDN

Refer rate chart on reverse.

Student Information *Optional; will be required on submission of a claim.*

Name of Canadian university	Date of registration (yyyy/mm/dd)	Student authorization number
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Employer Information *Optional; will be required on submission of a claim.*




Name of employer

Declaration *To be read, understood and signed if applying as an immigrant, a foreign worker or foreign student.*

Each insured hereby declares they are not currently residing in a nursing home, rest home, convalescent home, rehabilitation centre or chronic care center for the aged. No insured hereby has been advised to seek medical treatment in the future, nor are coming to Canada for the purpose of obtaining medical treatment. Each insured hereby complies with the Canadian government's medical requirements to obtain the status of landed immigrant, foreign worker or foreign student. Each insured hereby authorizes Pacific Blue Cross and its signing officers to collect, use and disclose information pursuant to applicable provincial legislation, for claim settlement purposes. Each insured hereby understands that the policy has a pre-existing medical condition clause whereby the insurer limits coverage.

Signature of applicant	Signature of spouse	Date (yyyy/mm/dd)
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Method of Payment

Credit card <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Amount
Card number	Expiry date (mm/yy)	Authorization number
Signature of applicant		Date (yyyy/mm/dd)

Visitors & Returning Canadians Premium per day per person for durations from 1 to 180 days

Coverage	Age 0-19 \$CDN	Age 20-29 \$CDN	Age 30-39 \$CDN	Age 40-49 \$CDN	Age 50-59 \$CDN	Age 60-64 \$CDN	Age 65-69 \$CDN	Age 70-74 \$CDN	Age 75-79 \$CDN
\$100,000	3.15	3.35	3.50	4.20	4.80	5.00	6.75	8.50	11.00
\$150,000	3.60	3.80	4.15	4.85	5.40	6.85	8.00	10.10	NA
\$200,000	4.50	4.75	5.00	5.35	5.75	7.50	8.50	11.70	NA
\$300,000	5.40	5.70	5.85	5.85	6.10	8.40	NA	NA	NA
\$500,000	6.30	6.65	6.70	6.35	6.45	9.30	NA	NA	NA

Minimum premium for contract and extensions: \$25 per contract.

Family premium: Add the premium of the two oldest members of the family according to the age category of each.

Students Maximum coverage \$100,000

Duration of coverage in days	Individual	Single Parent	Family
	Age 0-49 Premium \$CDN		
1-31	95	142	192
32-61	149	242	343
62-92	203	343	494
93-122	257	443	644
123-153	311	544	795
154-183	365	644	946

Duration of coverage in days	Individual	Single Parent	Family
	Age 0-49 Premium \$CDN		
184-214	419	745	1,097
215-244	473	845	1,247
245-275	527	946	1,398
276-305	581	1,046	1,549
306-336	635	1,147	1,700
337-366	690	1,247	1,850

Family premium is calculated according to the oldest person of the family.

Foreign Workers & Immigrants

Duration of coverage in days	Individual			Single Parent			Family		
	Age 0-49 \$CDN	Age 50-65 \$CDN	Age 66-69 \$CDN	Age 0-49 \$CDN	Age 50-65 \$CDN	Age 66-69 \$CDN	Age 0-49 \$CDN	Age 50-65 \$CDN	Age 66-69 \$CDN
1-31	150	224	325	185	288	430	268	440	675
32-61	239	387	589	309	515	798	475	818	1,288
62-92	328	549	853	433	742	1,166	681	1,196	1,902
93-122	417	712	1,117	557	969	1,534	888	1,575	2,515
123-153	506	875	1,380	681	1,196	1,902	1,095	1,953	3,129
154-183	595	1,037	1,644	805	1,423	2,270	1,301	2,331	3,742
184-214	683	1,200	1,908	929	1,650	2,638	1,508	2,709	4,355
215-244	772	1,363	2,172	1,053	1,877	3,006	1,714	3,088	4,969
245-275	861	1,525	2,435	1,177	2,104	3,374	1,921	3,466	5,582
276-305	950	1,688	2,699	1,301	2,331	3,742	2,128	3,844	6,196
306-336	1,039	1,851	2,963	1,425	2,558	4,110	2,334	4,222	6,809
337-366	1,128	2,013	3,227	1,549	2,785	4,478	2,541	4,601	7,423
1-31	161	243	354	204	320	481	315	523	807
32-61	260	424	647	346	579	899	567	980	1,547
62-92	360	604	940	488	838	1,319	819	1,441	2,293
93-122	460	785	1,232	630	1,097	1,736	1,071	1,900	3,034
123-153	560	967	1,524	773	1,356	2,156	1,325	2,360	3,780
154-183	659	1,147	1,817	915	1,615	2,573	1,576	2,818	4,520
184-214	758	1,329	2,110	1,057	1,874	2,993	1,829	3,279	5,265
215-244	857	1,510	2,402	1,199	2,132	3,410	2,080	3,738	6,007
245-275	957	1,690	2,694	1,342	2,392	3,830	2,334	4,198	6,751
276-305	1,057	1,871	2,987	1,484	2,650	4,248	2,586	4,656	7,493
306-336	1,157	2,053	3,280	1,627	2,910	4,667	2,838	5,116	8,238
337-366	1,256	2,233	3,572	1,769	3,168	5,085	3,090	5,575	8,979
1-31	169	256	N/A	211	334	N/A	342	572	N/A
32-61	276	450	N/A	361	605	N/A	621	1,078	N/A
62-92	383	644	N/A	511	878	N/A	902	1,588	N/A
93-122	490	838	N/A	661	1,150	N/A	1,181	2,095	N/A
123-153	598	1,033	N/A	811	1,423	N/A	1,462	2,605	N/A
154-183	705	1,226	N/A	961	1,694	N/A	1,740	3,110	N/A
184-214	811	1,420	N/A	1,111	1,967	N/A	2,022	3,621	N/A
215-244	918	1,614	N/A	1,260	2,239	N/A	2,300	4,127	N/A
245-275	1,026	1,808	N/A	1,411	2,512	N/A	2,581	4,637	N/A
276-305	1,133	2,002	N/A	1,560	2,783	N/A	2,860	5,143	N/A
306-336	1,241	2,197	N/A	1,711	3,056	N/A	3,140	5,653	N/A
337-366	1,348	2,390	N/A	1,860	3,328	N/A	3,419	6,160	N/A

Family premium is calculated according to the oldest person of the family.

Note: Premiums are available on a monthly basis, only, except for the Visitors plan. Premium and coverage amounts specified are in Canadian funds. The contract contains clauses which limit insurance coverage. Read your contract carefully.