

Fax Number(s)

Individual Expatriate Health Insurance





NOTE: Coverage is NOT available for residents of Switzerland, Germany and Abu Dhabi state, in the United Arab Emirates (subject to change without notice).

For Office Use Only	BROKER		,	POLICY NUMBER	,					
Primary Applicant Information (Please print in block letters) 38 01 APP ECA 0212 000										
(Mr, Mrs, Miss, Ms, Dr, Other)	rst Name(s) M / F	Provincial Health Card Nui	nce	Occupation s (if different from the adjacent)	38 01 APP ECA 0212 000					
Telephone Number - Residence Fax Number Emergency Contact: Name and Teleph Dependent Information		e, please use a separate s	Telephone Numl E-mail Address							
			2 nd Dependent 3 rd Dependent		4 th Dependent					
Last name First Name(s) Date of Birth (D/M/Y)										
Sex	M) Male M) Fema	le m/ Ma	le My Female	My Male My Female	M) Male M) Female					
Foreign Country of Residence Nationality										
Relation to Applicant										
Occupation Family Physician Inform This section must be filled out complet	n ation tely. (If you do not have a fan	nily physician in Canada, p	olease provide the informa	tion for the physician you visited most	recently.)					
Name(s) of General Practitioner(s) Telephone Number(s)	/Family Physician(s)									

Address(es) of General Practitioner(s)/Family Physician(s)

DECLARATION - A copy of this declaration shall be as valid as the original. Part A – Pre-existing medical conditions One year moratorium I/we understand that any condition (except for a minor ailment as defined in the policy) for which the insured person(s) has sought or received medical treatment, advice, follow-up visits, counseling, or has taken prescription drugs within one hundred and eighty (180) days prior to becoming insured under this policy, will not be covered until a continuous period of not less than three hundred and sixty-five (365) consecutive days has passed during which time the insured person(s) has not sought or received medical treatment, advice, follow-up visits, counseling, nor has taken prescription drugs related to such condition. Part B - Release of Medical Information 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 MSH International 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 health or medical records. Part C - Disclosure I/we shall read the policy wording and I/we understand it to be part of the Insurance Contract issued as a result of this application. To the best of my/our knowledge and belief, the information provided in connection with this application, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of any material fact may entitle the insurer to void the insurance. A material fact is one likely to influence acceptance or assessment of this application by the insurer. If I am/we are in any doubt as to whether a fact is material or not, I/we have disclosed it (on a separate sheet where necessary). This application and the information provided in connection therewith contains statements upon which the insurer will rely in deciding whether to accept this insurance and in determining the terms and conditions of such acceptance. I/we understand that the signing of this application does not bind me/us to complete, or the insurer to accept, this insurance. Date of Signature: Primary Applicant's Signature: X **Policy Dates** (coverage cannot be confirmed before RSA receives this application). You can choose 6, 9 or 12 months coverage by ticking the appropriate box. Effective Date M 6 months 9 months ☐ 12 months Type of Coverage Refer to the rate guide for premium options. Worldwide coverage **excluding** the United States Worldwide coverage **including** the United States **Premium Calculation** PREMIUM PER APPLICANT **Subtotal** Primary 1st Dependent 2nd Dependent 3rd Dependent 4th Dependent **DEDUCTIBLE OPTIONS** NO Deductible (Automatic) \$250 (Subtract 7% from premium) \$1,000 (Subtract 16% from premium) \$500 (Subtract 12% from premium) \$5,000 (Subtract 27% from premium) PREMIUM PAYMENT OPTIONS & AMOUNTS \$ (Semi-annual and quarterly payment options are only available for the 12 month coverage.) Annually Semi-annually ☐ Quarterly (add 4% to premium) (add 8% to premium) \$ **TOTAL PREMIUM DUE**

Method of Payment

Visa	MasterCard	Amex	Cheque made payable to RSA. You must provide RSA with all post dated cheques for semi-annual or quarterly payment.									
			M	Υ			D	M	Υ			
Card Number		Expiry Date		Signature of Cardholder		Date Sign	ied					

ViatorTM Individual Expatriate Health Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by RSA Travel Insurance Inc., operating as RSA Travel Insurance Agency in British Columbia.

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