

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](http://www.royalsunalliance.ca), or call us at 1-800-716-4339.

20 11 APP ECA 0108 CLS

### ELIGIBILITY

To be eligible for coverage under this plan:

1. The applicant must:

- a) be 65 years old or less;
- b) not be eligible for a provincial or territorial health insurance plan in Canada;
- c) be in good health and know of no reason to seek medical attention; and

2. The applicant must:

- a) be a student and provide proof of admission in a recognized Canadian institution of learning; or
- b) be a student completing post-doctorate research in a recognized Canadian institution of learning.

3. 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: \_\_\_\_\_

Address in Canada: \_\_\_\_\_ | Apt: \_\_\_\_\_

City: \_\_\_\_\_ | Province: \_\_\_\_\_ | Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ | Fax Number: \_\_\_\_\_ | Email: \_\_\_\_\_

Beneficiary in case of death: \_\_\_\_\_

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

	LAST NAME	FIRST NAME	SEX
Spouse:	_____	_____	Date of Birth (D/M/Y) _____ F <input type="checkbox"/> M <input type="checkbox"/>
Child:	_____	_____	Date of Birth (D/M/Y) _____ F <input type="checkbox"/> M <input type="checkbox"/>
Child:	_____	_____	Date of Birth (D/M/Y) _____ F <input type="checkbox"/> M <input type="checkbox"/>

Effective Date (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ | Termination date (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ | Number of days: \_\_\_\_\_

Daily Rate: \_\_\_\_\_ | Number of Persons: \_\_\_\_\_ | Total Premium Due (Minimum Premium \$20): \_\_\_\_\_

Cash  Certified Cheque/Money Order (payable to **etfs**)  
 Visa  Master Card  Diners  American Express

Credit Card Number: \_\_\_\_\_ | Expiry Date (M/Y): \_\_\_\_ / \_\_\_\_

Cardholder's Signature: \_\_\_\_\_

I hereby apply for coverage under this insurance policy. I am in good health and know of no reason to seek medical attention.

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): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## RATE SCHEDULE

NUMBER OF DAYS	RATES/per Insured
<b>Minimum premium</b>	<b>\$20</b>
<b>14 - 324 days</b>	<b>\$1.45/daily</b>
<b>325 - 365 days</b>	<b>\$470</b>

Rates and products described are subject to change without prior notice

**For information, please call:**

**Ontario:** 1-866-566-8532 or (416) 413-7678

**Rest of Canada:** 1-800-891-0370 or (819) 566-1596

**Send your application and your cheque to:**

**Ontario Students only**

**etfs**

4211 YOUNGE STREET  
SUITE 245  
TORONTO, ONTARIO  
M2P 2A9

**Rest of Canada**

**etfs**

73 QUEEN STREET  
SHERBROOKE, QUEBEC  
J1M 0C9

**Fax: 1-866-211-9775 or (416) 413-7679**

**Fax: (819) 566-1084**

**Apply by fax:** When applying by fax, please make your premium payment by credit card. Certified cheques and money orders will be accepted by mail provided the payment is received within 10 business days of the application. No coverage will be in effect unless premium payment has been received.

### 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 between 15 days and 22 years of age on the date of application, or is 25 years of age or less provided it can be proven that the child is a full-time student, or is of any age over 15 days, if the child 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.

#### FOR OFFICE USE ONLY

Effective Date (D/M/Y):    /    /

Expiry Date (D/M/Y):    /    /

Premium Paid: \_\_\_\_\_



™ The Royal & SunAlliance logo is a trademark owned by Royal & Sun Alliance Group plc, licensed for use by Royal & Sun Alliance Insurance Company of Canada.

® The **etfs** logo and Medi-Select Advantage are registered trademarks of Expert Travel Financial Security (E.T.F.S.) Inc.