APPLICATION (Please fax to Fok's Insurance Agency at 905-480-9939)
OUT-OF-COUNTRY TRAVEL MEDICAL INSURANCE

A. FULL NAME OF INSURED(S)

Last Name (Mr./Mrs./Ms./Miss)	First Name	Date of Birth (MM/DD/YY)
1.		
2.		
3.		
4.		

B. ADDRESS IN CANADA

_____
Apt No. Street City/Province Postal Code

C. TELEPHONE NO(S) email: _____

( ) _____ x _____ ( ) _____ ( ) _____
Office No. Home No. Cell No.

D .DESTINATION(S): USA (please also indicate name of Sate): _____ **Non-USA** _____

E. DEPARTURE DATE: _____ (MM/DD/YY) **RETURN DATE:** _____ (MM/DD/YY)

F. NAME OF SPONSOR/APPLICANT :

_____

G. TYPES OF PLAN :

- **U.S.A. Emergency Medical & Hospital Plan** ☐
- **Non U.S.A. Emergency Medical & Hospital Plan** ☐
- **Flight Accident** : $200,000 ☐ $500,000 ☐

  Name of Beneficiary: _____ Relationship to the Insured: _____
- **Accidental Death & Dismemberment (AD&D):**

  $ 25,000 ☐ $100,000 ☐ $250,000 ☐

  Name of Beneficiary: _____ Relationship to the Insured: _____
- **Annual Multi-trip Basic Plan:**

  8 Days per Trip ☐ 15 Days per Trip ☐

  35 Days per Trip ☐ 60 Days per Trip ☐ 105 Days per Trip ☐
- **Annual Multi-trip Select Plan:**

  35 Days per Trip: Option #1 ☐ Option #2 ☐
- **Trip Cancellation & Interruption:**

  Basic Plan ☐ Select Plan ☐ All Inclusive Package Plan ☐

  Sum Insured: _____

  Name of Beneficiary: _____ Relationship to the Insured: _____

Other Plan: _____

H. PAYMENT METHOD:

☐ Direct Deposit at TD Canada Trust (any branch) A/C No. **233-5206192.**

☐ Credit Card: VISA Card No. _____ Expiry Date : _____

MASTER Card No. _____ Expiry Date : _____

(The insurance premium you paid is inclusive of a standard commission that TIC Travel Insurance Coordinators Ltd. allows us.)

In conjunction with the purchase of the Policy, I hereby authorize release to T.I.C. Travel Insurance Coordinators Ltd. or its representative any information, including medical records that is needed to process a claim filed under the Policy. I am in good health and know of no reason to seek medical attention.

Applicant's Signature: _____ **Date:** _____