

Application – Visitors / New Immigrants to Canada Medical Insurance
Fax to Fok's Insurance Agency at 905-480-9939

A. Name of Insured:

Last name (Mr./Mrs./Ms./Miss) _____ First Name _____ Date of Birth (mm/dd/yy) _____
 1. _____ ; _____
 2. _____ ; _____
 3. _____ ; _____
 4. _____ ; _____

B. Name of Sponsor:

(Mr./Mrs./Ms./Miss) _____, _____ Relationship to the Insured: _____

C. Address in Canada:

_____, _____, _____, _____
 Apt No. Street City / Province Postal Code

D. Telephone Nos.

Email : _____

 Home No. Office No. Cell No.

E. Arrival Date to Canada (MM/DD/YY) : _____ / _____ / _____ **Country of Origin:** _____

Insured's Status in Canada:

Visitors () ; New Immigrants () ; Returning Canadian () ; Work/Student () ; Others () _____

F. Coverage Period:

Effective Date: _____ / _____ / _____ **Expiry Date:** _____ / _____ / _____
 MM / DD / YY MM / DD / YY

G. 21st Century Travel Insurance Plan

* \$10,000 Accidental Death & Dismemberment Coverage, other than while flying, is automatically included with every policy to each insured at "NO" extra premium.

Name of Beneficiary: _____ **Relationship :** _____

Please choose: () \$50 deductibles ; () \$0 deductibles, with 5% premium surcharge ; () \$250 deductibles, with 10% premium saving ;

	\$10,000		\$15,000		\$25,000		\$50,000		\$100,000		\$150,000	
	Table 1	Table 2	Table 1	Table 2	Table 1	Table 2	Table 1	Table 2	Table 1	Table 2	Table 1	Table 2
Insured 1												
Insured 2												
Insured 3												
Insured 4												

H. TIC Insurance Plan

* Accidental Death & Dismemberment Coverage Up to the aggregate limit selected at the time of application for accidental loss of life, limb or sight, other than while flying , at NO extra premium.

Name of Beneficiary: _____ **Relationship :** _____

Please choose: () \$0 deductibles ; () \$100 deductibles, with 5% premium savings ; () \$250 deductibles, with 10% premium savings ;

Coverage	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000
Insured 1					
Insured 2					
Insured 3					
Insured 4					

I. Flight Accident Coverage: (Optional), please choose : \$200,000 () \$500,000 ()

Name of Beneficiary: _____ **Relationship :** _____

J. Payment Method:

1. Direct Deposit at TD Canada Trust (any branch), our A/C No. 233-520-6192

2. Credit Card: Visa / Master Card No. _____ Expiry Date: _____

Card Holder : _____

(This insurance premium you paid is inclusive of a standard commission that 21st Century Travel Insurance and/or TIC Travel Insurance Ltd allows us.)

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