

***Request To Increase Coverage (Aggregate Policy Limit)***

**To: Fok's Insurance Agency  
Unit 25 – 145 Royal Crest Court  
Markham, ON. L3R 9Z4**

**Fax No.: 905-480-9939**

**Date: \_\_\_\_\_**

**Re: Medical & Hospital Insurance Policy No.**

**Insured for**

**With effect from \_\_\_\_\_ onwards, please increase the insurance coverage (Aggregate Policy Limit) of the above insurance from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.**

**I understand that I will only be entitled to receive reimbursement for the cost of “Insured Services” incurred after the “Waiting Period” of 72 hours / 7 days / 15 days, following the “Effective Date” of the coverage was increased.**

**Yours truly,**

**Signature: \_\_\_\_\_**

**Please Print Name: \_\_\_\_\_**

**Sponsor of the Insured / Insured**