Ingle INTERNATIONAL™
You are not alone
460 RICHMOND STREET WEST SUITE 100 TORONTO ON M5V 1Y1 • P 1.888.386.8888 | F 416.730.1878

Canadian Health Insurance
for International Students™

APPLICANT INFORMATION:

School:_____
Last name:_____
First name:_____
Sex: ____ Date of birth: _____/_____/_____
Country of permanent residence:_____
Email address: _____

To be completed if couple or family coverage is requested:

Name:	Relationship to Insured:	Date of birth: (MM/DD/YYY)
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____

DATES OF COVERAGE (MM/DD/YYYY)

Effective date (start date of coverage):_____/_____/_____
Termination date (ending date of coverage): _____/_____/_____
Total number of days of coverage: _____

ADDRESS IN CANADA

Address: _____
_____
Telephone number: (___)_____
Fax number: (___)_____
City:_____ Province:_____
Postal code:_____

BENEFICIARY IN CASE OF DEATH

Name: _____
Address: _____
_____
Country: _____
Relationship to insured: _____

Please enclose the following documents:

- proof of enrolment at a recognized Canadian institution of learning;
- proof of your arrival date in Canada (a photocopy of your student authorization or your passport).

Signature:_____ Date: _____/_____/_____
Your health insurance policy and your card will be issued when all necessary documents and full payment are received.

SELECT TYPE OF INSURANCE PLAN:
Please check box (✓) with rate that applies, all rates are in Canadian dollar.

❑	Platinum Student Insurance Plan	Annual Rate Daily Rate	❑ **$650/year** ❑ **$1.80/day**
❑	Platinum Family Insurance Plan	Annual Rate Daily Rate	❑ **$1,787.50/year** ❑ **$4.95/day**

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

❑	Gold Student Insurance Plan (All rates are individual, no family premium exists)	Annual Rate Daily Rate	❑ **$598.60/year** ❑ **$1.64/day**
❑	Silver Student Insurance Plan (All rates are individual, no family premium exists)	Annual Rate Daily Rate	❑ **$470/year** ❑ **$1.45/day**

PREMIUM CALCULATION

Number of applicants (if applying for Platinum family coverage) _____ **X** Student Plan Rate
$_____ **X** Period of Coverage (number of days)_____ = Total Payment Due: $_____
("family coverage" is designed for parents and dependent children, for a full description please contact your agent)

PAYMENT:
Please fill out the credit card information or enclose a certified check or money order made payable to Ingle Insurance.

❑ Certified Cheque	❑ VISA	❑ MasterCard
❑ Money Order	❑ American Express	❑ Diners / Diners-En Route

Credit card number:_____ Expiry date: _____/_____
Name on credit card: _____
Credit card billing address_____
_____

NOTE: IF PAYING BY A METHOD OTHER THAN CREDIT CARD, YOUR POLICY WILL NOT BE MAILED UNTIL FULL PAYMENT IS RECEIVED IN OUR OFFICE.
I understand that to be eligible for coverage I must acquire the policy within 30 days from the earliest of the date of my arrival in Canada or the date of my enrolment at a recognized Canadian institution of learning. If I am presently insured by an insurance policy administered by the assigned insurance company, I must pay the insurance premium within 30 days from the termination date of my existing policy. If I do not satisfy the eligibility conditions stated above, I understand that I will not be covered for Illness occurring during the first 30 days of insurance (unless such claim is the result of an Accident or Injury).

Signature: _____

MEDICAL AUTHORIZATION AND DECLARATION
I hereby authorize any insurance company, employer, hospital, medical facility, physician, pharmacist or any organization that has any records or knowledge of me or my health to release any information requested to the insurance provider or its agent with regard to the reported expenses.
Signature:_____ Date: _____/_____/_____

Ingle International Canadian Health Insurance for International Students is derived according to the Insurance Policy.

UNDERWRITTEN BY VARIOUS INSURANCE COMPANIES, CONTACT INGLE INSURANCE FOR INFORMATION 1-888-386-8888 (TOLL FREE)