



Specialists in
Health Insurance

Application Form – Part 1 Allianz Global Assistance Travel Plans for Canadian Residents

ELIGIBILITY REQUIREMENTS

To be eligible for coverage **you** must, as of the date **you** apply for coverage and the **effective date**:

- a) be at least 15 days old and no more than 89 years old; and
- b) be insured for benefits under a Canadian government health insurance plan during the entire **period of coverage**; and
- c) not have been diagnosed with a **terminal** illness; or
- d) not have been diagnosed with stage 3 or 4 cancer; or have received **treatment** for any cancer (other than basal or squamous cell cancer or breast cancer treated only with hormone therapy) in the last 3 months; or
- e) not require assistance with **activities of daily living** as the result of a medical condition or state of health.

If you are age 60 or over, in addition to the preceding requirements, you are NOT eligible for coverage if, as of the date **you** apply for coverage and the **effective date, you**:

- a) have been prescribed or used home oxygen for a **lung/respiratory condition** during the previous 12 months; or
- b) had **your** most recent **heart surgery** more than 12 years ago or less than 6 months ago; or
- c) have a diagnosed unrepaired aneurysm of 4 centimetres or greater, measured in either length or diameter; or
- d) have received or are awaiting a bone marrow or **major organ** transplant; or
- e) have been diagnosed with or received **treatment** for a kidney disease requiring dialysis; or
- f) have ever been diagnosed with an **auto-immune disorder**; or
- g) have ever been diagnosed with congestive heart failure. **Applicant Declaration:**

Applicants for coverage from Allianz Global Assistance are subject to the following declaration, with or without provision of the applicant's signature:

I understand that hospital and medical insurance is subject to limitations and exclusions. I am aware that pre-existing medical conditions may be excluded as set out in the Limitations and Exclusions section of the policy purchased. I declare that I am in good health and know of no reason to seek medical attention.

READ POLICY BOOKLET CAREFULLY – The policy of Insurance contains important Limitations, Exclusions and Privacy Policy Information. For a copy of the policy contact **David Cummings Insurance Services**.

Have Questions? Contact **David Cummings Insurance Services Ltd.** We are here to help!
Phone (604) 228-8816 Fax (604) 228-9807 info@david-cummings.com www.david-cummings.com

Step 1 – Applicant Information – (See Eligibility Requirements on Page 1)			
Sex	First Name	Last Name	Birth Date
M / F			MM/DD/YYYY
M / F			MM/DD/YYYY
M / F			MM/DD/YYYY
M / F			MM/DD/YYYY
Street Address in Canada:			
City/Province:		Postal Code:	
Telephone Number: ()		E-mail Address:	
Beneficiary Name:		Relationship to Primary Insured:	
Step 2 – Application Details			
Application Date: MM/DD/YYYY		Effective Date: MM/DD/YYYY	
Date of Departure from Home Province: MM/DD/YYYY		Expiry Date: MM/DD/YYYY	
Departure Point from Canada:		No. of Days Coverage (1 – 365) :	
Destination(s):		If purchasing additional coverage to top-up an existing policy...indicate Previous Policy Number :	
Step 3 – Coverage Selection			
Emergency Hospital & Medical Single Trip Plans	<input type="checkbox"/> USA Plan <input type="checkbox"/> Non-USA Plan *Medical Questionnaire required for Ages 60-89.		
Emergency Hospital & Medical Multi-Trip Plans	*Medical Questionnaire required for Multi-Trip Plan applicants age 60 or older <input type="checkbox"/> Basic Plan : Limit per Trip: <input type="checkbox"/> 4-days <input type="checkbox"/> 8-days <input type="checkbox"/> 15-days <input type="checkbox"/> 35-days <input type="checkbox"/> 60-days <input type="checkbox"/> 125-days <input type="checkbox"/> Select Plan : Available to Ages 0-59 <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 Limit per Trip: <input type="checkbox"/> 8-days <input type="checkbox"/> 15-days <input type="checkbox"/> 35-days		
Medical Plan Deductible per Claim	\$250 per claim (default) or choose <input type="checkbox"/> Nil deductible (+10% premium surcharge)		
All-Inclusive Package Plans	<input type="checkbox"/> Package Plan <input type="checkbox"/> Youth Plan - ages 30 & under only (<input type="checkbox"/> USA option <input type="checkbox"/> Non-USA option) *Medical Questionnaire required for Ages 60 – 74 travelling 16 days or more, and ages 75 – 89 travelling for any duration.		
Optional Plans	Trip Cancellation & Interruption Plans <input type="checkbox"/> Basic Plan <input type="checkbox"/> Select Plan ITEMIZE Pre-Paid Non-Refundable Travel Costs (In Canadian Dollars) PER PERSON, PER Type of Cost (airfare, accommodation, cruise/tour package) – use separate sheet if needed AMOUNT PER PERSON TYPE OF EXPENSE FOR WHO \$ _____ _____ _____ \$ _____ _____ _____ \$ _____ _____ _____ Baggage: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 AD&D: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 Flight Accident: <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$500,000 Trip Interruption Only: <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000		
8. Total Premium	Total Premium – To be confirmed with a DCIS Insurance Agent		\$
Step 4 – Payment			
<input type="checkbox"/> Cash/Debit Card (In person only) <input type="checkbox"/> Cheque (Payable to David Cummings Insurance Services Ltd) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express (Credit Card payment will be charged by Allianz Global Assistance)			
Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date (mm/yy):	
Cardholder Name (PLEASE PRINT):			
Signature of cardholder:			Date Signed: MM/DD/YYYY
Return this form to: David Cummings Insurance Services Ltd. 350 – 2083 Alma Street Vancouver BC, V6R 4N6 Canada		Fax to: (604) 228-9807 Email to: info@david-cummings.com Tel. (604) 228-8816 or 1-800-818-3188	

THIS IS A REQUEST FOR INSURANCE FORM AND IS NOT AN INSURANCE POLICY. Travel insurance is underwritten by CUMIS General Insurance Company, a member of the Co-operators group of companies, and administered by Allianz Global Assistance. Allianz Global Assistance is a registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.