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 Fax: (604) 228-9807 Mail: 350 - 2083 Alma Street, Vancouver BC V6R4N6 CANADA

Language preference English French

1. Coverage is NOT AVAILABLE to any individual who, as of their effective date:
- a) has been diagnosed with a terminal illness; or
 - b) has been diagnosed with or has had an episode of congestive heart failure; or
 - c) has had their most recent heart surgery more than 10 years ago; or
 - d) has been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); or
 - e) has been diagnosed with stage 3 or 4 cancer, or cancer of the lung, liver, pancreas, or bone; or has received treatment for any cancer (other than basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) in the past 3 months; or
 - f) has had a lung condition for which, in the last 12 months, they have been prescribed or used home oxygen; or
 - g) has received or is awaiting a bone marrow or major organ transplant; or
- h) has been diagnosed with or received treatment for kidney disease requiring dialysis; or
- i) has been diagnosed with an aneurysm that has not been repaired; or
- j) requires assistance with activities of daily living.
2. To be eligible for coverage you must:
- a) be at least 15 days old and not more than 69 years old; and
 - b) be either:
 - i. a Canadian citizen or Canadian resident residing outside of Canada; or
 - ii. a Canadian citizen or Canadian resident returning to reside in Canada, provided you were previously insured under an Allianz Global Assistance administered policy with no lapse in coverage; and
 - c) be in good health at the time you purchase your policy.

Step 1 – Applicant Information

Sex	First Name	Last Name	Birth Date
M / F			MM/DD/YYYY
M / F			MM/DD/YYYY
M / F			MM/DD/YYYY

Address:

City/Province:	Postal Code:
Telephone Number: ()	E-mail Address:
Beneficiary Name:	Relationship:

Step 2 – Coverage Dates

Expiry Date: MM/DD/YYYY Effective Date: MM/DD/YYYY No. of Months Coverage: _____

Step 3 – Coverage Selection and Premium Calculation

Worldwide

Worldwide Excluding USA/Mexico

A. Canadian Expatriates plan		Single Premium
1. Plan Options	<input type="checkbox"/> \$100,000 (Standard option) <input type="checkbox"/> \$500,000 (Enhanced option*) <input type="checkbox"/> \$2,000,000 (Deluxe option*)	
2. Rate Per Month		
3. Total Number of Months		
4. Total Premium	Rate per month x Total number of months	
5. Deductible Options	<input type="checkbox"/> \$500 (-5% savings) <input type="checkbox"/> \$1,000 (-10% savings) <input type="checkbox"/> \$5,000 (-30% savings)	
6. Deductible Savings	Total premium x Savings %	
7. Total Canadian Expatriates Plan Premium Due	Total Premium – Deductible Savings	
		\$

*A Medical Questionnaire is required for the Enhanced and Deluxe options (refer to quicktic).

Minimum premium for the Canadian Expatriates plan is one month per policy.

Step 4 – Payment

Visa MC Amex ~~Discover~~ Cheque Cardholder's Signature: _____

Cardholder's Name: _____ Date: MM/DD/YYYY

Credit Card Number: _____ Expiry Date: _____ / _____