



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

THE FOLLOWING PAGE IS A REQUEST FOR INSURANCE FORM AND 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.

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	
		Expiry Date: MM / DD / YYYY	
Date of Departure from Home Province: MM / DD / YYYY		No. of Days Coverage (1 – 365) :	
Departure Point from Canada:		Destination(s):	
If purchasing additional coverage to top-up an existing policy, please 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	<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 *Medical Questionnaire required for Multi-Trip Plan applicants age 60 or older		
Medical Plan Deductible per Claim	\$250 per claim (default) or choose <input type="checkbox"/> Nil deductible (+10% premium surcharge)		
Optional Benefits	For AD&D, Flight Accident, Trip Interruption and/or Cancellation, or a package plan (i.e. a Youth Plan), please contact a DCIS Broker directly to quote on your specific needs.		
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 (Use Credit Card Payment Authorization Form on next page)			
Return this form to:		Email to:	
David Cummings Insurance Services Ltd. 350 – 2083 Alma Street Vancouver BC, V6R 4N6 Canada		info@david-cummings.com Fax: 604-228-9807 Tel. 604-228-8816 or 1-800-818-3188	

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PAYMENT METHOD INFORMATION FORM

Please complete all fields


1. Applicant Information

This payment authorization regards the insurance application for

Name of Primary Applicant (Person to be insured)

2. Method of Payment (Select One)

- Cash or Debit (in person only)
- CAD Cheque, payable to David Cummings Insurance Services Ltd.
- Credit Card (Visa, MasterCard, or American Express)

CREDIT CARDS ACCEPTED  VISA, MASTERCARD, & AMEX CREDIT CARDS* FROM CANADIAN, AND MOST NON-CANADIAN BANKS ACCEPTED. *DO NOT ENTER A VISA-DEBIT OR MASTERCARD-DEBIT CARD NUMBER ON THIS FORM. PAYMENT BY DEBIT CARD MAY ONLY BE MADE IN PERSON AT OUR OFFICE.

Card Number _____

Card Expiry Date (mm/yy) _____ Secure CVV code (see below) _____

Cardholder Name (as on card) _____

3. CREDIT CARD PAYMENT Authorization

I hereby authorize ALLIANZ GLOBAL ASSISTANCE to charge my credit card listed above with the amount of premium due to process the attached insurance application.

Signature of Cardholder _____

Date _____

What is a secure CVV code?

The secure CVV (customer verification value) code is a 3 or 4 digit code printed on your credit card. We require this code as a security measure to our clients. Requiring this information helps to ensure that the credit card is present at the time of purchase. If you cannot find this code, or it is illegible, please contact your credit card issuer.

