Manulife

Manulife Financial
Travel Insurance

STUDENT TRAVEL INSURANCE APPLICATION FORM

Eligibility

You are **eligible** for coverage under this policy if:

- You are under the age of 45; and
- You are either a full-time student with proof of admission or enrolment in a recognized institute of learning; or a full-time student completing post-doctoral research in a recognized institute of learning; and
- You are purchasing coverage as:
  - an inbound student, when your *home country* is not Canada and you are temporarily residing in Canada; or
  - an outbound student, when your *home country* is Canada, and you are covered under a Canadian provincial/territorial government health insurance plan while you are temporarily residing outside Canada; or
  - a national student when your *home country* is Canada and you are covered under a Canadian provincial/territorial government health insurance plan while you are temporarily residing in another Canadian province or territory.

You can insure your *spouse* and *dependants* under your policy.

It's your responsibility to ensure continued coverage, where applicable, under the provincial/territorial government health insurance plan of the province/territory where you permanently reside.

You are NOT eligible for coverage if you answer "Yes" to ANY of the following questions:

- Has a physician advised you against travel?
- Do you require kidney dialysis?
- Have you used home oxygen at any time during the 12 months prior to the date of application?
- Have you been diagnosed with a terminal illness with less than two years to live?

If you have answered "**Yes**" to **any** of the questions, you are ***not*** eligible for coverage. ***Do not*** proceed any further.

If your *spouse* or any of your *dependants* has answered "**Yes**" to **ANY** of the questions, then that person is not eligible for coverage under this plan.

☐ **I confirm that I and, if applicable, each person listed in my application for Family Coverage, answered NO to each question, and am/are eligible for coverage.**

Definitions

Dependant means your unmarried child living with you who is under age twenty-one (21) and who is dependent upon you for at least fifty percent (50%) of their maintenance and support, and who is residing with you on your trip.

Home or ***Home country*** means the country where you permanently reside.

Spouse means the person to whom you are legally married, or with whom you have been living in a conjugal relationship for at least one full year before the effective date of this insurance, and who is residing with you on your trip.

Step 1 • Applicant Information

APPLICANT Last Name		First Name			☐ M ☐ F	**DATE OF BIRTH** (MM/DD/YYYY)
HOME ADDRESS Street	Apt No.	City	Province/State	Country	Postal/Zip Code	Phone
ADDRESS DURING STUDYING PERIOD Street	Apt No.	City	Province/State	Country	Postal/Zip Code	Phone
EMERGENCY CONTACT Name			Relationship	Country		Phone

FOR STUDENTS COMING TO CANADA Arrival date in Canada (MM/DD/YYYY)	**FOR CANADIANS** Date you leave/left your *home* province (MM/DD/YYYY)	**DATE OF APPLICATION** (MM/DD/YYYY)

NAME OF SCHOOL	**CITY**	**EDUCATION START DATE** (MM/DD/YYYY)	**EXPECTED EDUCATION COMPLETION DATE** (MM/DD/YYYY)

Step 2 • *Spouse* & *Dependant* Information

SPOUSE Last Name	First Name	☐ M ☐ F	**DATE OF BIRTH** (MM/DD/YYYY)
1. *DEPENDANT* Last Name	First Name	☐ M ☐ F	**DATE OF BIRTH** (MM/DD/YYYY)
2. *DEPENDANT* Last Name	First Name	☐ M ☐ F	**DATE OF BIRTH** (MM/DD/YYYY)
3. *DEPENDANT* Last Name	First Name	☐ M ☐ F	**DATE OF BIRTH** (MM/DD/YYYY)

Step 3 • Duration of Coverage

START DATE (MM/DD/YYYY)	**END DATE** (MM/DD/YYYY)	**TOTAL NUMBER[1] OF DAYS** Line A

[1] Count the day you leave and the day you return.

Step 4 • Calculation of Premium

PREMIUM PER DAY = $2.70 CDN	
SINGLE COVERAGE FOR INBOUND OR OUTBOUND STUDENTS Line A x $2.70 = Line B	$ 0.00 Line B
SINGLE COVERAGE FOR NATIONAL STUDENTS Line A x $1.35 = Line C	$ 0.00 Line C
FAMILY COVERAGE FOR INBOUND OR OUTBOUND STUDENTS Line B x 2	$ 0.00
FAMILY COVERAGE FOR NATIONAL STUDENTS Line C x 2	$ 0.00

Step 5 • Payment

Payment Method: ❑ Visa ❑ MasterCard ❑ American Express ❑ Cheque (payable to The Manufacturers Life Insurance Company)

Cardholder's Name

Cardholder's Signature

Credit Card Number

Expiry Date (M M Y Y)

Note: Coverage will not take effect if your credit card number is invalid or payment is rejected for any reason.

Applicant's Declaration • Please read carefully before signing

Declaration. I am applying to The Manufacturers Life Insurance Company (Manulife) for insurance under the Manulife Financial Travel Insurance for Students. **I understand that I must purchase this policy prior to my arrival in Canada if I am on an inbound trip; or prior to my departure from Canada if I am on an outbound trip; or prior to my departure from my principal province of residence if I am a National Student. Otherwise, a waiting period will apply for any loss resulting from illness if I purchase this insurance after arrival at my destination or expiry date of a Manulife Financial Travel Insurance for Policy for Students.** I declare that all the information I have provided on this application form is true and complete. I understand it is my responsibility to read the policy, Manulife Travel Insurance for Students, and understand the terms, conditions and exclusions (including the pre-existing condition exclusion) that apply to my coverage. I understand that if any material information provided in this application is misrepresented, then Manulife may void the coverage of the person whose information is misrepresented. I authorize any hospital, physician, other medical service provider or any other organization or person that has any records or knowledge of me or my health to release to Manulife, its administrators, and its reinsurers any such information for the purpose of this application and contract and any subsequent claim.

Notice on Privacy and Confidentiality. The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Del. Stn. 500-4-A, Waterloo, Ontario N2J 4C6.

Applicant Signature

Date Signed (MM/DD/YYYY)

Return this application form with your payment to your agent/advisor.

Advisor's Report • For Advisor/Agent Use Only

You confirm that you have disclosed the following information to the applicant:

- the name of the company or companies you represent
- that you receive commissions for the sale of life and accident and sickness insurance products and may receive bonuses, invitations to conferences or other incentives; and
- any conflicts of interest you may have with respect to this transaction.

Agent/Advisor – Please complete this section

Agent name	Telephone number	Fax number	Agent selling code
Company name and address		Email address	Resource centre code

Agent/Advisor – Please send completed applications to:

Manulife Financial Travel Insurance
P.O. Box 4262, Stn A Toronto, ON M5W 5T4
1 866 814-2675

Manulife Travel Insurance is offered through The Manufacturers Life Insurance Company.

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