

Application

Main Applicant (Student) Dependent

Date : _____

School : Fredericton Saint John

Student Number : _____

First Name: _____

Family Name: _____

Date of Birth: _____ M F

MM/DD/YY

Home Country: _____

Address in Canada: _____

City

Province

Postal Code

Tel #: (_____) _____ UNB Email: _____

Start Date : _____ End Date : _____

The applicant declares that:

All information I have provided in this application is true and complete. I have read and understood the terms of coverage including but not limited to the policy limitations and exclusions including but not limited to the emergency nature of this coverage and the pre-existing conditions exclusion that applies. I consent to the use of my personal information for the purposes of obtaining and administering insurance coverage. I authorize any hospital, physician, other medical provider or insurer to provide my complete medical record to Travel Healthcare Insurance Solutions Inc./Guard.me and Old Republic Insurance Company of Canada for the purpose of administering claims. All information is to be held in complete confidentiality and is not to be released to any party apart from those listed above. Use of my email address will be restricted to insurance inquiries unless I initiate email contact. A photocopy or facsimile transmission of this application is as valid as the original.

Signature of Applicant : _____

NOTE: The premium for your guard.me international insurance is added to your UNB student account.