TELFER

TELFER INTERNATIONAL CONSULTANTS INC

507 Place d'Armes, Suite 250, Montréal, Québec, CANADA

H2Y 2W8 Tel.: (514) 284-2002 Fax.: (514) 284-3203 E-mail: info@telferinsurance.com

Application Form
Accident and Sickness Insurance Plan

To be filled out by the applicant.
Please print clearly in block letters.

General Information - Applicant

Last Name	Given Names
Date of Birth (M/D/Y)	Sex ☐ Male ☐ Female
Citizenship (please list all, if more than one)	Language of Correspondence ☐ English ☐ French
Email Address:	Province of Residence

General Coverage Information

Country Destination		Coverage ☐ Single ☐ Family	
Name of Insured	Relationship to Applicant	Date of Birth (M/D/Y)	Provincial Medicare No.

Is provincial health care in effect? ☐ Yes ☐ No
If yes, please indicate expiry date (M/D/Y)

Effective Date of Policy (M/D/Y)	Termination Date of Policy (M/D/Y)
Departure Date (M/D/Y)	CIDA co-operant ☐ Yes ☐ No

Beneficiary - Accidental Death/Life Insurance
(The Estate unless otherwise specified)

Revocable Beneficiary ☐ Yes ☐ No

Employment Information

Occupation and Summary of Daily Duties (use separate sheet if necessary)

Contact Information

Canadian Address email: Telephone No. Fax No.	Policy Mailing Address email: Telephone No. Fax no.
Broker Name and Address (if applicable) email: Telephone No. Fax No.	Name and Address of Employer email: Telephone No. Fax No.

Date_____ Signature of Applicant _____