Policy No.	
FOR BLUE CROSS AND BROKER USE ONLY	
Broker Number	Broker/Rep. Name.

International Student Travel Plan Application

PART 1 – Basic Information

Applicant

Last Name	First Name	SK Health Services #	Birth date (YYYY/MM/DD)	Sex M ☐ F ☐
Address			City or Town	
Province	Postal Code	Email		
Home Phone #	Cell Phone #	☐ Student ☐ Other Specify ___		

Dependents

	Spouse	Child	Child	Child
Last Name				
First Name				
SK Health Services #				
Birth date (YYYY/MM/DD)				
Sex (M/F)	M ☐ F ☐	M ☐ F ☐	M ☐ F ☐	M ☐ F ☐

PART 2 – Coverage Details

Name of International Educational Institution you will be attending	City & State/Province	Country
Departure Date (YYYY/MM/DD)	Return Date (YYYY/MM/DD)	Duration (# of Months)

Do you or any member of your family have coverage with another insurer? If Yes, indicate Company Name.

☐ Yes ☐ No

PART 3 – Accidental Death & Dismemberment Beneficiary Designation

Beneficiary of Applicant	Beneficiary of Spouse

Accidental Death & Dismemberment benefits are underwritten by Blue Cross Life Insurance Company of Canada.

PART 4 – Method of Payment

Monthly Premium

NOTE: The FULL monthly premium is required for ANY PORTION of the calendar month for which coverage is required.

Check the appropriate box below and multiply by the number of months you require coverage.

Age	Single	Couple	Family
18 – 24	☐ $40	☐ $80	☐ $133
25 – 39	☐ $47	☐ $93	☐ $146
40 – 54	☐ $73	☐ $146	☐ $226
55+	☐ $86	☐ $173	☐ $279

Premium ___

Total ___

Payment by ☐ Cheque ☐ Visa ☐ MasterCard ☐ American Express

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐ Expiry MM/YY

Authorization & Consent

I/We "I" hereby declare that the statements made herein are true and complete. I understand that any misrepresentation on this application may void this policy. This application for insurance will form part of any policy of insurance issued by Saskatchewan Blue Cross in response to this application. I understand that any changes in health that occur prior to the effective date of this policy may impact my coverage.

I understand that my policy is subject to certain limitations and exclusions, including a pre-existing exclusion that may apply to medical conditions and/or symptoms that existed prior to my trip, and that, in the event of an accident, injury or illness, prior medical history may be reviewed.

I authorize that personal information may be collected, used or disclosed to administer the terms of my policy, to develop and recommend suitable products and services, and to manage the business of Saskatchewan Blue Cross and/or Blue Cross Life Insurance Company of Canada.

I understand and authorize that limited personal information may be collected from and/or released to a third party. This includes other Blue Cross organizations, licensed physicians and/or any other healthcare professionals or institutions, health and life insurers, government and regulatory authorities, any Saskatchewan Health Agency including the Saskatchewan Prescription Drug Plan and Saskatchewan Health Registration, and other third parties when required to administer the benefits outlined in my policy.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, in some instances doing so may prevent Saskatchewan Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding the privacy policies of Saskatchewan Blue Cross and/or the collection, use or disclosure of my personal information, I may visit www.sk.bluecross.ca or call 1-800-USEBLUE®.

A photocopy or facsimile copy of this authorization will be as valid as the original. This consent complies with federal and provincial privacy laws.

NOTICE TO APPLICANT(S): In the event an Out Of Province Benefits claim is submitted for a dependent age 16–17, the dependent will be required to sign the Declaration & Consent section on the claim form.

NOTICE TO BROKER: If this policy is sold other than in-person, the seller must indicate with signature that the Authorization & Consent was fully explained to the applicant(s).

Dated _______ / _______ / ________
YYYY MM DD

____
Signature of Applicant or Broker

Dated _______ / _______ / ________
YYYY MM DD

____
Signature of Spouse (if applicable) or Broker

sk.bluecross.ca
1-800-USEBLUE®

Saskatoon Office
516 Second Avenue North
PO Box 4030
Saskatoon SK S7K 3T2
306.244.1192

Regina Office
100, 1870 Albert Street
Regina SK S4P 4B7
306.525.5025

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