

Application Form



Step 1 – Choose your plan by checking the appropriate box below

60 Days per Trip coverage with a 90 Day stability

Eligibility

- Must be under 70 years of age
- Must meet the Membership criteria of the Association/Organization you are a part of

April 1, 2019 to March 31, 2020 Rates

- Single Coverage – Annual Rate \$60 If enrolling mid renewal period, balance owing is \$5 per month from effective date until next April 1st.
- Couple/Family Coverage – Annual Rate \$144 If enrolling mid renewal period, balance owing is \$12 per month from effective date until next April 1st.

(Effective Date: 1st of month following approval of application. Please allow minimum of 5 business days for processing & approval.)

- Please print clearly in ink.
- The personal information below is required in order to consider your application of coverage.
- Family Coverage includes the Applicant, their Spouse and any Dependent Children. Please review the definition or Spouse and Dependent Child from the travel certificate.

Step 2 – Applicant Information

First Name: _____ Last Name: _____
 Address: _____ Unit No.: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Telephone Number: (____) _____ Cell Number: (____) _____
 Birthdate (YYYY / MM / DD): _____ E-mail Address: _____
 Association/Organization: _____ Member Employee of Member Membership Number: _____

Spouse

Legal Spouse Common Law Spouse (Cohabitation Date: _____)

First Name: _____ Last Name: _____ Birthdate (YYYY / MM / DD): _____

Dependents

First Name: _____ Last Name: _____ Birthdate (YYYY / MM / DD): _____
 First Name: _____ Last Name: _____ Birthdate (YYYY / MM / DD): _____
 First Name: _____ Last Name: _____ Birthdate (YYYY / MM / DD): _____
 First Name: _____ Last Name: _____ Birthdate (YYYY / MM / DD): _____

Step 3 – Declaration (please read carefully and sign)

I/We have included the annual premium (or total partial year premium) and have mailed to the below provided HUB office.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1) I/We understand that the travel plan renews annually on April 1st. 2) I/We understand that if we apply for the annual travel plan during the year, coverage will be effective as of the 1st of the month following approval of your application. 3) I/We understand that if we choose to cancel the program prior to the renewal date of April 1st, I/we will not receive a refund or credit from the balance paid at renewal. 4) I/We understand that if we choose to cancel the program, I/we will not be able to return to the program for 2 consecutive years. | <ol style="list-style-type: none"> 5) I/We understand that if we choose to change from single to family during the year, the difference in payment will be expected prior to date of change. 6) I/We understand that if we choose to change from family to single during the year, no refund or credit will be given. Single rate will apply following the next April 1st renewal. 7) I/We understand that if we choose to change coverage, it can only be done one (1) time during the renewal year. |
|---|---|

Please read and sign the Verification and Authorization statement section below and submit to HUB with payment for your annual plan. Please read the Certificate of Insurance carefully before you travel and take it with you on your trip. The certificate contains exclusions which may limit the amount payable in the event of a claim.

Eligibility

I/we verify that the information given in this application is accurate and complete and consent to the use, collection and disclosure of my/our personal information. I/We understand that if I have paid insufficient premium for my coverage, my coverage will not take effect until the premium is paid in full and received by HUB. I understand that there is a 90 day stability prior to travel dates for any travellers insured under this coverage and that if I (or dependent) am not eligible for coverage due to age (70 or older) or duration of travel (greater than 60 days), the payment of any premium does not bring any coverage into effect. I am authorized by my dependents to consent to this authorization, on their behalf, as if they were signing it themselves, and to disclose and receive their information, for this purpose. A reproduction of this Application form will be as valid as the original. I have read and agree to the terms outlined in the HUB travel insurance certificate, and understand and agree that HUB has the authorization to bind the insured under this coverage.

Signature: _____ Date: _____

HUB Annual Travel Plan is underwritten by CUMIS General Insurance Company under Group Policy FC310042, administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc. and distributed by HUB International Canada West ULC ("HUB"). A detailed summary of the terms, conditions, limitations, exclusions, privacy policy and other provisions is contained in the Certificate of Insurance. HUB will receive a commission from the underwriters in respect of the plan. For further information regarding your personal information and how it is protected please visit: [HUB Canadian Privacy Statement](#).

Please send your application and cheque (made payable to **STRATA Benefits Consulting**) to:

HUB International Canada West ULC
Unit B2 - 1150 Waverley St
Winnipeg MB R3T 0P4
Email: gfmannualtravel@hubinternational.com
Telephone: 1-833-535-9200

For Office Use Only:

Date Application Received: _____ Association/Organization Membership Confirmed: _____
 Effective Date: _____ Premium Received: _____