

PLEASE PRINT this form and return it to: 請用英語填寫後交回:

University of New Brunswick - c/o Student Accounts & Receivable Services
8 Bailey Drive, PO Box 4400, Fredericton, NB E3B 5A3 - Fax: 506-453-4572Campus: 分校 FREDERICTON CAMPUS SAINT JOHN CAMPUSStudent Type: 學生類別: Undergraduate Graduate Non Credit Exchange
本科生 畢業生 旁聽生 交換生

STUDENT ID#: 學生號:

Date of Arrival in Canada (D/M/Y): 抵加日期 (天/月/年): / /

APPLICANT INFORMATION 申請人個人情況

<input type="checkbox"/> F 女 <input type="checkbox"/> M 男	法定姓: Legal Last Name:	法定名: Legal First Name:
出生國: Country of Origin:	生日 (天/月/年): Date of Birth (D/M/Y):	/ /
加拿大地址: Address in Canada:	房號: Apt:	
城市: City:	省: Province:	郵編: Postal Code:
電話: Phone Number:	傳真: Fax Number:	電子信箱: Email:

Emergency Contact Person 緊急情況联系人

姓名: Name:	電話: Phone Number:
地址: Address:	電子信箱: Email:

DEPENDENT INFORMATION 家屬信息 Is the dependent a UNB student 家屬是否為新不倫瑞克大學的學生? Yes 是 No 不是

配偶: Spouse:	<input type="checkbox"/> Legally married <input type="checkbox"/> Residing together for at least the last 12 months	最近同居超過12個月	到達加拿大的日期 (天/月/年): Date of Arrival in Canada (D/M/Y):	/ /	性別 SEX
配偶: Spouse:	LAST NAME 姓	FIRST NAME 名	生日 (天/月/年): Date of Birth (D/M/Y):	/ /	女 F <input type="checkbox"/> 男 M <input type="checkbox"/>
孩子: Child:			生日 (天/月/年): Date of Birth (D/M/Y):	/ /	女 F <input type="checkbox"/> 男 M <input type="checkbox"/>
孩子: Child:			生日 (天/月/年): Date of Birth (D/M/Y):	/ /	女 F <input type="checkbox"/> 男 M <input type="checkbox"/>
孩子: Child:			生日 (天/月/年): Date of Birth (D/M/Y):	/ /	女 F <input type="checkbox"/> 男 M <input type="checkbox"/>

Beneficiary in case of death 如果死後的受益人 Estate (unless otherwise provided) 身故受益人: 遗产 (另有指定的除外)

<input type="checkbox"/> F 女 <input type="checkbox"/> M 男	姓: Last Name:	名: First Name:
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IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION 個人資料使用重要公告

有關您個人資料的重要通知: 當您提交本申請書, 即表示您同意加拿大皇家太陽聯合保險公司 (Royal & Sun Alliance Insurance Company of Canada, 下稱「我們」或「我們的」) 可以為保費報價、保單管理、客戶體驗改善、轉介管理, 以及在我們的《客戶隱私保護政策》文件中提及的其他合法目的, 收集、使用與透露您的個人資料 (往來對象包括您的經紀人、我們的分支機構, 以及任何將您轉介紹給我們的服務供應商與機構)。如欲獲取一份該文件的副本, 請訪問 www.rsatravelinsurance.com。

Important Notice About Your Personal Information: By submitting this application you agree that Royal & Sun Alliance Insurance Company of Canada (we), (us) may collect, use and disclose your Personal Information (including to and from your broker, our affiliates and service providers and organizations that may have referred you to us) for purposes of quoting a premium, policy administration, improving customer experience, administering referral arrangements, and for other lawful purposes described in our Protecting Customer Privacy document. For a copy of this document please see www.rsatravelinsurance.com.

MEDICAL AUTHORIZATION and DECLARATION 醫療授權暨聲明書

- 本人理解, 一旦住院, 需要致電Global Excel Management公司。免費電話號碼可以在保險信息卡或保單上找到。
- 本人亦理解, 加拿大皇家太陽聯合保險公司 (Royal & Sun Alliance Insurance Company of Canada) 和Global Excel Management Inc. 可能會對索賠進行調查。本人簽署本申請書, 即表示本人在此向任何醫師、醫療從業人員、醫院或其他醫療機構、藥房、衛生部或任何其他對本人進行過照顧或檢查或是了解或擁有本人或本人醫療記錄的人員作出指示, 並授權其因配合調查的用途而向加拿大皇家太陽聯合保險公司和Global Excel Management Inc. 提供有關本人病情、傷情、病史、看診、用藥或治療方面的任何或全部資訊, 以及所有住院或醫療記錄的副本。
- 本人理解, 某些排除條款可能會適用並影響本人的保險覆蓋範圍。本人將閱讀保單內容, 以了解更多的詳情。
- 本人已閱讀並理解上述「個人資料使用重要公告」, 且一旦提交本保險申請, 即表示本人同意該公告內所述之對個人資料的收集、使用與透露情形。
- I understand the necessity of calling Global Excel Management in the event of hospitalization. The toll free telephone number can be found on my wallet card and in my insurance policy.
- I also understand that Royal & Sun Alliance Insurance Company of Canada and Global Excel Management Inc. may investigate my claim. By signing this application, I also hereby direct and authorize any physician, health care practitioner, hospital or other medical care facility, pharmacy, the Ministry of Health or any other person who has attended and examined me or who has knowledge or records of me or my health, to furnish to Royal & Sun Alliance Insurance Company of Canada and to Global Excel Management Inc. any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.
- I understand that some exclusions may apply and affect my coverage. I will read my insurance policy for additional details.
- I have read and understood the "Important Notice About Your Personal Information" as noted above, and by making application for this insurance I agree to the collection, use and disclosure of personal information as described in that notice.

申請人簽名: Applicable's Signature: _____ (天/月/年): Date (D/M/Y): / /

ANNUAL PREMIUM 2016-2017 年保險金

SINGLE 單身: \$966		COUPLE 夫妻: \$1,932	
With 1 child 有1個孩子 \$1,932	With 3 children 有3個孩子 \$3,864	With 1 child 有1個孩子 \$2,898	With 3 children 有3個孩子 \$4,830
With 2 children 有2個孩子 \$2,898	With 4 children 有4個孩子 \$4,830	With 2 children 有2個孩子 \$3,864	With 4 children 有4個孩子 \$5,796

PREMIUM AMOUNT PAID 保險金: \$ _____ STUDENT INITIALS 學生姓名首字母縮寫: _____

FOR OFFICE USE ONLY 僅限公司使用

保單號: POLICY NUMBER: ISHNB001 個人保險號: Certificate Number: _____ 生效期 (天/月/年): Effective Date (D/M/Y): / / 失效期 (天/月/年): Expiry Date (D/M/Y): / /