

**PLEASE PRINT this form and return it to:**  
 University of New Brunswick  
 c/o Student Accounts & Receivable Services  
 8 Bailey Drive, PO Box 4400, Fredericton, NB E3B 5A3  
 Fax: 506-453-4572



**CAMPUS**

FREDERICTON CAMPUS     SAINT JOHN CAMPUS

**STUDENT TYPE**

Undergraduate     Graduate     Non Credit     Exchange

**STUDENT ID#:** \_\_\_\_\_

Date of Arrival in Canada (D/M/Y):    /    /

**APPLICANT INFORMATION**

F    M    Legal Last Name: \_\_\_\_\_    Legal First Name: \_\_\_\_\_

Country of Origin: \_\_\_\_\_    Date of Birth (D/M/Y):    /    /

Address in Canada: \_\_\_\_\_    Apt: \_\_\_\_\_

City: \_\_\_\_\_    Province: \_\_\_\_\_    Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_    Fax Number: \_\_\_\_\_    Email: \_\_\_\_\_

**Emergency Contact Person**

Name: \_\_\_\_\_    Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_    Email: \_\_\_\_\_

**DEPENDENT INFORMATION**

Is the dependent a UNB student     Yes     No

Spouse:     Legally married     Residing together in a conjugal relationship

Date of Arrival in Canada (D/M/Y):    /    /

DEPENDENT	LAST NAME	FIRST NAME	DATE OF BIRTH (D/M/Y)	SEX
Spouse:	_____	_____	____/____/____	<input type="checkbox"/> F <input type="checkbox"/> M
Child:	_____	_____	____/____/____	<input type="checkbox"/> F <input type="checkbox"/> M
Child:	_____	_____	____/____/____	<input type="checkbox"/> F <input type="checkbox"/> M
Child:	_____	_____	____/____/____	<input type="checkbox"/> F <input type="checkbox"/> M

**BENEFICIARY IN CASE OF DEATH**    Estate (unless otherwise provided)

F    M    Last Name: \_\_\_\_\_    First Name: \_\_\_\_\_

**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](http://www.rsatravelinsurance.com).

**MEDICAL AUTHORIZATION and DECLARATION**

- 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 certificate.
- 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 certificate 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.

Applicant's Signature: \_\_\_\_\_    Date (D/M/Y):    /    /

**ANNUAL PREMIUM 2016-2017**

SINGLE: \$966		COUPLE: \$1,932	
With 1 child	<b>\$1,932</b>	With 3 children	<b>\$3,864</b>
With 2 children	<b>\$2,898</b>	With 4 children	<b>\$4,830</b>
With 1 child	<b>\$2,898</b>	With 3 children	<b>\$4,830</b>
With 2 children	<b>\$3,864</b>	With 4 children	<b>\$5,796</b>

**PREMIUM AMOUNT PAID:** \$ \_\_\_\_\_    **STUDENT INITIAL** \_\_\_\_\_

**FOR OFFICE USE ONLY**

POLICY NUMBER: ISHNB001    Certificate Number: \_\_\_\_\_    Effective Date (D/M/Y):    /    /    Expiry Date (D/M/Y):    /    /