



Application Form

Apply Now Online.
*For additional savings,
 we now offer 3 and 5 year plans.
 Enrol by September 30, 2016.*

Plan Type & Description	Super Plan Plus	Super Plan	Plan Three	Plan Two	Plan One	University/College Plan
Coverage 24 Hours/Day All Year	✔	✔	✔	✔	✔	✔
Total & Permanent Disability*	\$350,000	\$150,000	\$100,000	\$75,000	\$50,000	\$100,000
Dismemberment/ Loss of Use*	\$150,000	\$150,000	\$100,000	\$75,000	\$50,000	\$100,000
Accidental Death	\$30,000	\$20,000	\$10,000	\$10,000	\$5,000	\$10,000
Unlimited Dental	10 years	10 years	10 years	10 years	10 years	1 year
Per Tooth After 10 Years	\$1,500	\$1,250	\$1,250	\$1,250	\$1,250	n/a

Please check off your plan and circle Your choice of premium
PREMIUMS ARE ONE-TIME SINGLE ANNUAL RATES

Plan Type & Premium	Super Plan Plus	Super Plan	Plan Three	Plan Two	Plan One	University/College Plan
<input type="checkbox"/> One Child Premium	\$40.00 ME	\$30.00 MD	\$24.00 MC	\$17.50 MB	\$14.00 MA	\$40.00 MY
<input type="checkbox"/> Two Children Premium	\$80.00 ME	\$60.00 MD	\$48.00 MC	\$35.00 MB	\$28.00 MA	n/a
<input type="checkbox"/> Three or More Children Premium**	\$110.00 MN	\$83.00 MM	\$66.00 ML	\$49.00 MK	\$39.00 MJ	n/a

Letters above are for office use only.

Include All Family Members On One Application.

University/College Students and Mature Students cannot be part of a family plan.

* Only one of these two benefits is payable per Child in the event of an accident
 ** Three or more Children from the same family under the age of 21 (not in University or College)

The Student Accident Insurance Policy is available online.

Please visit www.studentaccidentinsurance.ca to download a copy of the Policy. If you would like us to send you a copy, please check the box below.

- Email me a copy of the Policy Mail me a copy of the Policy
(Allow 6 – 8 weeks)

TOTAL PREMIUM \$

Enclose a cheque (no cash please) for the correct premium selected or complete the section for credit card payment.

Please check off method of payment.

- Cheque enclosed *Please make all cheques payable to
 Old Republic Insurance Company of Canada*
 Credit card payment

Credit Card Payment



Credit Card Holder Name
 Credit Card Number Expiry Date mm/yy

Name of Student(s) *(please print clearly)*

Family Name	First Name	Date of Birth yymmdd
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Parent/Guardian *List more names on separate sheet.*

Address

City Province Postal Code

Telephone Number

Email Address *(please print clearly)*

School Name(s)

Signature _____ Date _____
Applicant

Insurance begins on the later of:
 1. Date the Application is received by Old Republic Insurance Company of Canada or an authorized representative of the company; or
 2. Date the premium funds are received by the company