



Application Form

Apply Online and Save!
 Save on premium with 3 or 5 year plan rates.
 (Online only - offer ends September 30, 2017)

Summary of Coverage*	Super Plan Plus	Super Plan	Basic Plan
24 Hours/Day Coverage	✓	✓	✓
Out-of-Province Emergency Medical	\$200,000 Sickness & Injury	\$50,000 Injury Only	\$50,000 Injury Only
Additional Travel Benefits	✓	n/a	n/a
Total & Permanent Disability**	\$350,000	\$150,000	\$75,000
Dismemberment/Loss of Use**	\$150,000	\$150,000	\$75,000
Accidental Death	\$30,000	\$20,000	\$15,000
Unlimited Dental	10 years	10 years	10 years
Per Tooth After 10 Years	\$1,650	\$1,400	\$1,250

*For ages 21 or over, some benefits are limited (see policy for details)
 **Only one of these two benefits is payable per child in the event of an accident

You can include all family members on one application!
 Select the number of children to be included below and circle your choice of plan premium.

Plan Type	Plan Premium		
	Super Plan Plus	Super Plan	Basic Plan
<input type="checkbox"/> One Child	\$42.00 E	\$32.00 D	\$17.00 C
<input type="checkbox"/> Two Children	\$84.00 E	\$64.00 D	\$34.00 C
<input type="checkbox"/> Three or More Children***	\$116.00 N	\$88.00 M	\$47.00 L

***Three or more children from the same family Letters above are for office use only.

Premiums are one-time single annual rates. For quotes on our 3 and 5 year plans, please visit www.studentaccidentinsurance.ca.

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

TOTAL PREMIUM \$

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

Please check off method of payment.

- Cheque enclosed
 Credit card payment

Please make all cheques payable to
 Old Republic Insurance Company of Canada

Credit Card Payment



Credit Card Holder Name

Credit Card Number Expiry Date

Name of Student(s) (please print clearly)

Family Name First Name Date of Birth

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

Insurance begins on the date when Old Republic Insurance Company of Canada, or an authorized representative, receives your completed application and the premium.