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## Enrollment Form for an Organization

CAIP enrollment form for "In Canada" and "Travel Medical" insurance.

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

(An organization can be a National or Provincial sport organization, Canadian Sport Centre, team, league, club, school, multisport organization, etc).

**Responsible Official:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**In Canada Insurance - 12 month enrollment -** Effective Date: \_\_\_\_\_

(Please enclose a list of names and province of provincial medical insurance for each person)

**500 Plus level** - The annual premium is \$35 per person. The minimum requirement for this level is a 500 member enrollment or \$17,500 minimum premium. Please provide a list of names and Province of Provincial Medical Insurance in an Excel spreadsheet.

Level of Insurance	Premium	No. Insured	Ontario Premium Tax 8%	Québec Premium Tax 9%	Total
Bronze	\$235	_____	_____	_____	\$ _____
Silver	\$465	_____	_____	_____	\$ _____
Gold	\$795	_____	_____	_____	\$ _____

**Travel Medical Insurance -** Effective Date \_\_\_\_\_:

IAP 30	\$210	_____	_____	_____	\$ _____
IAP 60	\$350	_____	_____	_____	\$ _____
IAP 90	\$580	_____	_____	_____	\$ _____

Per trip - \$5/day subject to a minimum premium of \$35 for trips of 7 days or less.

Number of days: \_\_\_\_\_ x Number of insured x \_\_\_\_\_ \$5.00/day = \$ \_\_\_\_\_  
(including date of departure and date of arrival to Canada)

Ontario Premium Tax 8% \$ \_\_\_\_\_ Québec Premium Tax 9% \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Group Annual Plan (GAP)** - Can be arranged for the organization for their respective members. Please contact us for further details.

- We will send an invoice to the organization noted above. The invoice is your evidence of insurance.
- Invoice is payable on receipt by cheque or Interac e-transfer only.

## IN CANADA INSURANCE - 12 MONTH ENROLLMENT

FULL LEGAL NAME OF PERSON  
"No nicknames"

## LEVEL OF INSURANCE

## PROVINCE OF PROVINCIAL MEDICAL INSURANCE

[illegible]

## TRAVEL MEDICAL INSURANCE ENROLLMENT

FULL LEGAL NAME OF PERSON  
"No nicknames"

PROVINCE OF  
PROVINCIAL  
MEDICARE

IAP  
30,60 OR 90  
DAYS

PER TRIP DATES  
OF TRAVEL[illegible]