



640 Lakeshore Drive, Suite 100
Dorval, Quebec
H9S 2B6

Tel: (514) 636-5351
Fax: (514) 636-8268
E-mail: caip@mkirsch.ca
www.mkirsch.ca

Enrollment Form for an Organization

CAIP enrollment form for “In Canada accident only” 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)

| Level of Insurance | Premium | No. Insured | Provincial Premium Tax | Total |
|--------------------|---------|-------------|------------------------|----------|
| Bronze | \$25 | _____ | _____ | \$ _____ |
| Silver | \$50 | _____ | _____ | \$ _____ |
| Gold | \$80 | _____ | _____ | \$ _____ |

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.

Date of departure from Canada _____ Date of return to Canada _____

Insurance Premium Tax applies to the following Provinces:

Québec: 9%
Ontario: 8%
Manitoba: 7%

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.**

