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Enrollment Form for an Individual

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

Full legal Name: _____
No "Nicknames" _____
Address, city, Prov _____
Postal Code _____ **Tel:** _____

Province of Provincial Medical Insurance _____ **E-Mail:** _____

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

Name of Organization you are affiliated with: _____

Name of responsible official: _____

Address: _____

Tel: _____ **E-Mail:** _____

In Canada Insurance - 12 month enrollment - Effective Date: _____

Level of Insurance	Premium	Provincial Premium Tax	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.

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

Insurance Premium Tax applies to the following Provinces:

- Québec: 9%
- Ontario: 8%
- Manitoba: 7%

- We will send you an invoice which is your confirmation of insurance.
- It is your responsibility to secure your organizations agreement that they will complete the "Sport Body Authorization" on the claim form.
- **Payment of the invoice must be received in order for the insurance to become effective.**
- **Payment of the invoice must be remitted by Interac e-transfer only to caip@mkirsch.ca. Please advise the password for the e-transfer**
- **The In Canada and Travel Medical insurance policy wordings are posted in the CAIP section at website. www.mkirsch.ca**
- **"Insurance only starts when we receive payment of the invoice"**