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Enrollment Form for an Organization

CAIP enrollment form for "In Canada accident only" and / or "Emergency Medical Travel" 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	\$35	_____	_____	\$ _____
Silver	\$70	_____	_____	\$ _____
Gold	\$115	_____	_____	\$ _____

Travel Medical Insurance - Effective Date _____:

IAP 30	\$315	_____	_____	\$ _____
IAP 60	\$525	_____	_____	\$ _____
IAP 90	\$870	_____	_____	\$ _____

Per trip - \$8/day subject to a minimum premium of \$60 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, Direct Deposit or Interac e-transfer only.](#)

IN CANADA INSURANCE - 12 MONTH ENROLLMENT

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TRAVEL MEDICAL INSURANCE ENROLLMENT

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