M Kirsch Financial Services
Services financiers

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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:**_____

(A**n 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

FULL LEGAL NAME OF PERSON "No nicknames"	LEVEL OF INSURANCE	PROVINCE OF PROVINCIAL MEDICAL INSURANCE

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 (Departure and arrival dates)