



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

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

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

Enrollment Form for an Organization

Name of Organization:				
Address:				
Fax	Fax:			
(An organization can be a Nation	nal or Provincial spor	t organization, Canad	ian Sport Centre, team,league, cl	ub, school, multisport organization, etc).
Responsible Official:			·····	
		Tel:	E-Mail:	
In Canada Insurance - 12	month enrollm	ent - Effective Date:	:	
(Please enclose a list of na	mes and provinc	e of provincial m	edical insurance for each p	person)
500 Plus level - The annua or \$20,000 minimum premium	l premium is \$40 p n. Please provide a	er person. The min list of names and	nimum requirement for this lev Province of Provincial Medica	rel is a 500 member enrollment Il Insurance in an Excel spreadsheet
Level of Insurance	Premium	No. Insured	Provincial Premium Tax	Total
Bronze	\$280			\$
Silver	\$560			\$
Gold	\$955			\$
Travel Medical Insurance	- Effective Date			:
IAP 30	\$315			\$
IAP 60	\$525			\$
IAP 90	\$870			\$
Per trip - \$8/day subject to	a minimum pre	mium of \$60 for t	rips of 7 days or less.	
Date of departure from Canada				
Insurance Premium Tax ap	plies to the follow	wing 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 PERS "No nicknames"	SON	LEVEL OF INSURANCE	PROVINCE OF PROVINCIAL MEDICAL INSURANCE
EMERGENCY MEDICAL TRAVEL	INSURANCE ENRO	OLLMENT	
FULL LEGAL NAME OF PERSON "No nicknames"	PROVINCE OF PROVINCIAL MEDICARE	IAP 30,60 OR 90 DAYS	PER TRIP TRAVEL DATES Departure and Return Dates