

**Individual Visa Student Health Insurance Enrollment Form**

Policy No. \_\_\_\_\_ Representative/Agent: \_\_\_\_\_

Student information: \_\_\_ New \_\_\_ Renewal

Name: (Last) \_\_\_\_\_ (Given) \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of Birth: (d/m/y) \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Contact Phone# \_\_\_\_\_

Home Address in Canada: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Tel No. \_\_\_\_\_

School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

**Insurance coverage period:**

12 Months	From: (d/m/y) _____	To: (d/m/y) _____
10 Months	From: (d/m/y) _____	To: (d/m/y) _____
7 Months	From: (d/m/y) _____	To: (d/m/y) _____
5 Months	From: (d/m/y) _____	To: (d/m/y) _____
___ Month(s)	From: (d/m/y) _____	To: (d/m/y) _____

Payment by: Cash \$ \_\_\_\_\_ or Cheque \_\_\_\_\_ payable to '**EXCEL INSURANCE AGENCY INC.**'

Coverage will not be effective if payment is not received by our Administration office (Excel Insurance Agency Inc.) Please do not give cash to any person who is not our endorsed Representative. Student will be responsible for any bank "Non-sufficient Fund" charges if his/her cheque is not cleared. The administration fee of our office is not refundable if policy needs to be cancelled. **Please obtain claim form from our website: [www.vhip.ca](http://www.vhip.ca)**

**Declaration:**

I declare that as of the date of this application, I am performing the normal activities of a student on a daily basis. I authorize any licensed physician, medical practitioner, clinic or other medically related facilities, insurance company or any other organization, institution or person that has any records or knowledge regarding my health, to release to insurance company or their reinsurer, any such information. A photostatic copy of this authorization shall be valid as the original.

\_\_\_\_\_  
Signature of Student / Parent / Guardian

Date: \_\_\_\_\_