



guard.me[®]
CANADA

guard.me Team Member: Shannon (Claims)

SUMMARY OF COVERAGE UP TO \$2,000,000

- Hospital up to policy maximum
- X-rays, Lab Testing up to policy maximum
- Physician/Surgeon up to policy maximum
- Psychiatric Hospitalization up to \$50,000
- Psychiatrist inpatient \$10,000/
Psychotherapy outpatient \$1,000
- Eye Exams up to \$100
- Paramedical Services up to \$500
- Physiotherapy/Speech Therapy up to \$1,000
- Private Nursing up to \$15,000
- Emergency Taxi fare up to \$100
- Prescription Drugs maximum 30-day supply
- Dental – Accidental up to \$4,000
- Dental – Emergency up to \$600
- Non-emergency physical exam up to \$150
- Family Transportation up to \$5,000 for air tickets, up to \$1,500 for expenses
- Air Evacuation up to \$300,000
- Accidental Death \$50,000
- Common Carrier \$100,000
- Burial up to \$5,000
- Repatriation up to \$15,000
- Out of Canada Emergency Coverage
- Maternity Serious complications
- Trauma Counselling

Please note: Dependents must have the same coverage dates as the student

Don't let unexpected healthcare costs ruin your experience.
ENROLL TODAY Enrollment Form attached

guard.me[®]
International Insurance



APPLICATION

Location: _____ Date: _____

First Name: _____

Family Name: _____

Date of Birth: ___/___/___ Age: ___ M F
MM/DD/YY

Home Country: _____ Destination Country: _____

Address in Canada: _____

City: _____ Province: _____ Postal Code: _____

Canada Tel #: (____) _____ Canada Email: _____

Coverage Start Date: _____ Coverage End Date : _____

For family coverage, please complete below:

Name	Relationship to insured	Date of Birth <small>MM/DD/YY</small>
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

*I declare that:
 all information I have provided in this application is true and complete. I have read and understood the terms of coverage including but not limited to the policy limitations and exclusions including but not limited to the emergency nature of this coverage and the pre-existing conditions exclusion that applies. I consent to the use of my personal information for the purpose of obtaining and administering insurance coverage. I authorize any hospital, physician, other medical provider or insurer to provide my complete medical record to Travel Healthcare Solutions Inc./guard.me and Old Republic Insurance Company of Canada for the purpose of administering claims. All information is to be held in complete confidentiality and is not to be released to any party apart from those listed above. Use of my email address will be restricted to insurance inquiries unless I initiate email contact. A photocopy or facsimile transmission of this application is as valid as the original.*

Signature of Applicant: _____