Application Form

Student Accident Insurance

	1 Child	
ou can purchase online, by phone or by mail. o purchase by mail: Complete this application form and mail it,	2 Children	
along with your payment (no cash please), to:	3 or more Children	
Old Republic Insurance Company of Canada Box 557, 100 King Street West Hamilton, ON L8N 3K9	Premiums are <u>one-time sing</u> l year policies, please call us a	
You can view and download our Student Accident Policy online from www.manitobastudentinsurance.ca. How would you like your policy delivered?	Automatic Enrollment Option is in place each year. Select above the payment section, Each year your child will be a premium charged to your cre enrollment does not apply to	Yes t and a auton edit c
	Insurance begins on the date Company of Canada, or our	

	Premium Summary					
	Platinum Plan	Gold Plan	Silver Plan			
1 Child	\$42	\$32	\$17			
2 Children	\$84	\$64	\$34			
3 or more Children	\$116	\$88	\$47			

Premiums are <u>one-time single annual</u> rates. For quotes on our 3 and 5 year policies, please call us at 1.800.463.5437.

Automatic Enrollment Option - want to save time and ensure protection is in place each year. Select Yes to Automatic Enrollment located just above the payment section, and add your credit card information. Each year your child will be automatically enrolled and the applicable premium charged to your credit card on the expiry date. (autoenrollment does not apply to 3 and 5 year plans)

Insurance begins on the date when we, Old Republic Insurance Company of Canada, or our authorized representative receive your completed application and the premium.

Name of Student(s) (please print clearly and I	ist more names on sep	arate sheet if needed)		Plan Type				
First Name	Last Name		Date of Birth YYMN	DD Platinum	Gold	Silver	School Name & School Board Nam	e
Parent/Guardian Name			Address					
Citu	During	Public de	Talanhana Ni	mbor			Email Address (please print clearly)	
City	Province	Postal Code	Telephone Nu					
Automatic Enrollment Option: 2 ea 1. Select Yes below 2. Provide your credit card info The premium will be charged to your date. No partial refunds for month Automatic Enrollment Option::	ormation our credit card an s or years.		-			-		fore the policy expiry
		-	Credit Card	d Payment (if app	olicable)			
TOTAL PREMIUM \$			Credit Card H	lolder Name			Mastercard	
Please check off your method of p No cash please. Make all cheques payable to Ol		mpany of Canada	Credit Card N	lumber				Expiry Date MMYY
	dit card payment			-		-	-	
Name	too bu Old Dooub			a Ray 557, 100				
Endor Please visit v	rsed by the Manito www.manitobastu	oba School Board Identinsurance.ca	s Association a for detailed in	nd arranged by formation on co	Hub Int overages	ernatioi , condit	st, Hamilton, Ontario L8N 3K nal and Milnco Insurance. ions, limitations and exclusio is of receipt and receive a full	ons.
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