Chinese

Johnson Fu Insurance Agency Inc.
128-6061 No. 3 Road, Richmond, BC, V6Y 2B2
Phone: 604-232-0896 Fax: 604-232-0897
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Application Form for International Student

The following applies to British Columbia ONLY - If your purchase of insurance is referred to us through a school or agency - an administration fee or referral fee is paid to that school or agency

Agent Code: _____ **Date:** _____

Eligibility Requirements:
1. Be 69 years or under for inbound student Or 40 years or under for out bound student
2. Be a student of foreign nationality
3. Be enrolled in and attending a recognized institution of learning
4. Be an accompanying family member of the student residing in Canada

Name: _____ Sex: M / F
Last Name (姓 氏) First Names (名 字) (性 別) 男 / 女

Address in Canada: _____ City: _____
(加 國 地 址) (城 市)

Province: _____ Postal Code: _____ Phone #: _____
(省 分) (郵 編) (電 話 號 碼)

Date of Birth: _____ Effective Date: _____ Expiry Date: _____
(出 生 年 月) (MM/DD/YY) (生 效 日 期) (MM/DD/YY) (終 止 日 期) (MM/DD/YY)

Name of School: _____ Phone #: _____
(學 府 名 稱) (電 話 號 碼)

Address: _____ Fax #: _____
(地 址) (傳 真 號 碼)

Country of permanent residence: _____ Arrival Date in Canada: _____
(原 居 地) (入 境 日 期) (MM/DD/YY)

Single: # of Days ____ x $ _____ = $_____

Family: # of Days ____ x $ _____ = $_____

Total Premium: $ _____

Paid by: ☐ Cash/Cheque ☐ Visa ☐ Mastercard ☐ AE

Cheque made payable to Johnson Fu Insurance Agency Inc.

Credit Card #:

Cardholder Name: _____

Signature of Cardholder: _____

Expiry Date (MM/DD/YY): _____

I hereby apply for coverage and understand that coverage will become effective on my arrival date in Canada provided I apply on or before that date, otherwise coverage will be effective on the date my application is accepted by the Insurer, or their authorized agent.

I have not seen a doctor nor been to hospital since my arrival in Canada. I am in good health at the present time and have no intention of claiming as of today's date and time.

I hereby certify all the above information is true and accurate.

_____
Applicant's Signature (申 請 人 簽 名)

_____
Date (日 期)

_____
Agent's Signature