



Travel Insurance Program Application

AF260-L
09/2017

Name of Participant:	Date of Birth:
School:	Teacher:
Trip Destination:	
Departure Date:	Return Date:

~~Parents/Guardians: Please make cheque payable to the school.~~ CHSBA Pays

Out of Province but Within Canada
Accident, Sickness and Cancellation \$1.10 per person per day
Premium amount: No. of days <u>5</u> x \$1.10 = \$ <u>5.50</u> (count both date of departure and date of return)
TOTAL PREMIUM \$ _____

Continental USA and Mexico
Accident, Sickness and Cancellation \$3.25 per person per day
Premium amount: No. of days _____ x \$3.25 = \$ _____ (count both date of departure and date of return)
TOTAL PREMIUM \$ _____

Outside of North America
Accident/Sickness and Cancellation \$4.75 per person per day
Premium amount: No. of days _____ x \$4.75 = \$ _____ (count both date of departure and date of return)
TOTAL PREMIUM \$ _____

Please do not pay.
This is covered by
CHSBPA.

Parent/Guardian Name: (please print)	
Address:	
Postal Code:	Telephone:
Total Premium:	Amount Paid:
Parent/Guardian Signature:	

Return completed form to teacher

Reference:

- AP260 Educational Excursions