

## Special integration request Travel insurance coverage for companion

# @ student@majorplan.ca % 1 877 976 2567 ∰ majorplan.ca

This form is intended for accompanying persons who wish to enroll in the same travel coverage as students. Accompanying persons may be a parent, a teacher or any other person recognized for this purpose by the institution or the recognized student committee (an athletic coach, for example). You can consult the details of the travel insurance on our website at planmajor.ca.

## Important

Please allow 7 business days after receipt of payment and form for coverage to be activated. It is your responsibility to anticipate this time frame. Please note that the acceptance of your request for coverage is not automatic, Plan Major evaluates each request individually.

MEMBERSHIP FEE

\$4 / day outside your province of residence + \$9 application fee

## 2 payment options available (The contribution must be paid in one (1) payment)

## **O1** By bank transfer

Send the form by e-mail to the following address:

#### student@majorplan.ca

Add Major Plan to your list of suppliers and use your name as a reference number.

We are affiliated with National Bank, BMO, CIBC, TD, RBC et Desjardins

## **02** By cheque

Mail the form and cheque to the following address:

#### Plan Major CP 70025 SUCCURSALE QUÉBEC-CENTRE Québec, QC, G2J 0A1

If you use mail, it is your responsibility to anticipate potential delays.

### Personal information (Please write clearly in printed script)

LAST NAME	F	FIRST NAME		
EDUCATIONAL INSTITUTION				
ADDRESS			CITY	
PROVINCE	POSTAL CODE		DATE OF BIRTH	MM / DD
PHONE NUMBER	EMAIL ADDRESS	S		
TRAVEL DESTINATION	DEPARTURE DATE	MM /	DD RETURN D	ATE / MM / DD

## Authorization and declaration

$\square$	I understand that I will be covered from the time Pla	an Maior provides me w	ith confirmation of coverage and	d only for the duration of the trip

I understand that payment of the premium must be received no later than 12 business days after my form is submitted to Plan Major. If applicable, it is my responsibility to anticipate postal and banking delays. I understand that failure to forward my payment within these time frames will result in my application being cancelled without review.

- I understand that in the event I cancel the special integration request after submitting my payment, Plan Major may deduct \$25 from my refund as an administration fee.
- I have acknowledged the travel coverage and it meets my needs. I agree to pay the fees and contributions related to my application. In case of doubt, I have contacted Plan Major.

Signature	
SIGNATURE	DATE

Please note that it is your responsibility to ensure that you receive the confirmation of the receipt of your application and payment from Plan Major. Contributions include, if applicable, premiums, administration fees, commissions, financial reserves and taxes that may be associated with the plan.