



International Risk and Insurance Services



## RUGBY CANADA 2009 APPLICATION FOR ADDITIONAL COVERAGE

<b>Last Name:</b>		<b>First Name:</b>	
<b>Member Club:</b>		<b>Date of Birth:</b>	
<b>Address:</b>	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Telephone:</b>	<b>Fax:</b>	<b>Email:</b>	

### COVERAGE REQUESTED:

#### MINORS ONLY (UNDER THE AGE OF 13):

- Increase my Paralysis benefit from \$100,000 to \$500,000  
Cost: \$168.00 plus Provincial Tax (if applicable)
- Add \$25,000 Accidental Medical Coverage (See Summary of Coverages Attached)  
Cost: \$5.00 plus Provincial Tax (if applicable)
- I am insured under a Provincial or Government Health Insurance Plan
- I am member in good standing with Rugby Canada

#### ALL OTHERS (13 YRS OF AGE AND OVER):

- Increase my Paralysis benefit from \$250,000 to \$500,000  
Cost: \$105.00 plus Provincial Tax (if applicable)
- Add \$25,000 Accidental Medical Coverage (See Summary of Coverages Attached)  
Cost: \$10.00 plus Provincial Tax (if applicable)
- I am covered under a Provincial or Government Health Insurance Plan
- I am member in good standing with Rugby Canada

**\*Confirmation of coverage will be sent within 15 days of receipt of your application and payment\***



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# RUGBY CANADA 2009 APPLICATION FOR ADDITIONAL COVERAGE CONT'D

## Accidental Medical Coverage Summary:

The following benefits are provided under the \$25,000 Accidental Medical Coverage:

- \$5,000 Private Duty Nurse
- \$5,000 Ground Ambulance
- \$25,000 Air Ambulance
- \$5,000 Semi-Private Hospital Room
- Rental of Wheelchair, Iron Lung or other durable equipment
- Prescription Drugs and Medicines
- Hearing Aids, Crutches, Splints, Casts, Trusses and Braces

### Note:

- This coverage is only available to members of Rugby Canada who are insured under a Provincial or Government Health Insurance Plan.
- This coverage is secondary to any other health insurance plan

## CREDIT CARD AUTHORIZATION (Sorry, we do not accept American Express)

( ) I/we (Cardholder) hereby authorize BFL Canada Risk & Insurance Services Inc. to withdraw funds from the credit card stated below for the payment of additional insurance coverage:

( ) Visa                      ( ) Mastercard

Card Number:	Expiry Date:     /     / (MM/YY)	Amount: \$
Cardholders Last Name:	Cardholders Last Name:	
Cardholders Billing Address:	City:	Province:                      Postal Code:

Applications can be emailed or faxed along with the credit card authorization or mailed to the following address along with your cheque payable to BFL Canada Risk & Insurance Services Inc.:



BFL Canada Risk & Insurance Services Inc.  
 181 University Avenue, Suite 1605  
 Toronto, Ontario, M5H3M7  
 Telephone: 1(800)668-5901 Ext. 252  
 Fax: (416)599-5458  
[gferraro@bflcanada.ca](mailto:gferraro@bflcanada.ca)



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