

- YES. PLEASE ENROLL ME AND MY ELIGIBLE FAMILY MEMBERS.
MY CHEQUE OF \$112.00 IS ATTACHED. (+TAX, 8% ONTARIO, 9% QUEBEC)
- YES. PLEASE PROVIDE ME WITH INFORMATION ON THIS VERY AFFORDABLE FAMILY TRAVEL INSURANCE.
PLEASE PRINT

APPLICANT: Last Name _____ First Name _____ Date of Birth (D/M/Y) _____
 Address _____ City _____ Province _____ Postal Code _____ Area & Telephone Number _____
 FAMILY MEMBERS:
 Last Name _____ First Name _____ Date of Birth (D/M/Y) _____
 Last Name _____ First Name _____ Date of Birth (D/M/Y) _____
 Last Name _____ First Name _____ Date of Birth (D/M/Y) _____
 Last Name _____ First Name _____ Date of Birth (D/M/Y) _____
 Signature of Applicant _____ Date of Application _____

FOR BROKER USE: EFFECTIVE DATE (D/M/Y): _____ CERTIFICATE# _____

PLEASE COMPLETE AND RETURN TO:

Benefits Interface, Inc.
Box 337, LCD1
Hamilton, ON L8L 7W2

You could be asked to pay 2,000
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