



Enrolment Form

Step 1 – Choose your plan by checking the appropriate box below

60 Days per Trip coverage with a 90-Day stability

Eligibility

- Must be under 85 years of age
- Must meet the Membership criteria of the Association/Organization you are a part of

Step 2 – Coverage Chosen and Rates

Refer to attached "Summary of Coverage" for details of each Plan

- Medical-Only Plan
- Medical plus Trip Cancellation & Trip Interruption Plan
- Comprehensive Plan

February 1, 2026 to January 31, 2027 Rates

Refer to rates on reverse

- Single Coverage..... Monthly Rate: \$ _____ x #Months Coverage*: _____ = Premium Owing: \$ _____
- Couple Coverage..... Monthly Rate: \$ _____ x #Months Coverage*: _____ = Premium Owing: \$ _____
- Family Coverage..... Monthly Rate: \$ _____ x #Months Coverage*: _____ = Premium Owing: \$ _____

* If enrolling mid policy period, premium owing is pro-rated based on number of months from effective date of coverage to January 31, 2027.

(Effective Date: 1st of month following approval of enrolment form. Please allow minimum of 5 business days for processing & approval.)

Step 3 – Applicant Information

First Name: _____ Last Name: _____ Gender (M/F): _____
 Address: _____ Unit No.: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Telephone Number: _____ Cell Number: _____
 Birthdate (YYYY/MM/DD): _____ E-mail Address: _____
 Association/Organization: _____ Member Employee of Member Membership Number: _____

Spouse

- Legal Spouse Common Law Spouse (Cohabitation Date: _____)

First Name: _____ Last Name: _____ Gender (M/F): _____ Birthdate (YYYY/MM/DD): _____

Dependents

First Name: _____ Last Name: _____ Gender (M/F): _____ Birthdate (YYYY/MM/DD): _____
 First Name: _____ Last Name: _____ Gender (M/F): _____ Birthdate (YYYY/MM/DD): _____
 First Name: _____ Last Name: _____ Gender (M/F): _____ Birthdate (YYYY/MM/DD): _____

Step 4 – Declaration (please read carefully and sign)

I/We have included the annual premium (or total partial year premium) and have mailed to the below provided HUB office.

- 1) I/We understand that the travel plan renews annually on February 1st.
- 2) I/We understand that if we apply for the annual travel plan during the year, coverage will be effective as of the 1st of the month following approval of your enrolment form.
- 3) I/We understand that if we choose to cancel the program prior to the renewal date of February 1st, I/we will not receive a refund or credit from the balance paid at renewal.
- 4) I/We understand that if we choose to cancel the program, I/we will not be able to return to the program for 2 consecutive years.
- 5) I/We understand that if we choose to change from single to family during the year, the difference in payment will be expected prior to date of change.
- 6) I/We understand that if we choose to change from couple/family to single during the year, no refund or credit will be given. Single rate will apply following the next February 1st renewal.
- 7) I/We understand that if we choose to change coverage, it can only be done one (1) time during the renewal year.

Please read and sign the Verification and Authorization statement section below and submit to HUB with payment for your annual plan. Please read the *Certificate of Insurance* carefully before you travel and take it with you on your trip. The Certificate contains exclusions which may limit the amount payable in the event of a claim.

Eligibility

I/we verify that the information given in this enrolment form is accurate and complete and consent to the use, collection and disclosure of my/our personal information. I/We understand that if I have paid insufficient premium for my coverage, my coverage will not take effect until the premium is paid in full and received by HUB. I understand that there is a 90 day stability prior to travel dates for any travellers insured under this coverage and that if I (or dependent) am not eligible for coverage due to age (70 or older) or duration of travel (greater than 60 days), the payment of any premium does not bring any coverage into effect. I am authorized by my dependents to consent to this authorization, on their behalf, as if they were signing it themselves, and to disclose and receive their information, for this purpose. A reproduction of this Enrolment form will be as valid as the original. I have read and agree to the terms outlined in the HUB travel insurance Certificate of Insurance, and understand and agree that HUB has the authorization to bind the insured under this coverage.

Signature: _____ Date: _____

HUB Annual Travel Plan is underwritten by CUMIS General Insurance Company under Group Numbers 8389/8392/8395, administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc. and distributed by HUB International Canada West ULC ("HUB"). A detailed summary of the terms, conditions, limitations, exclusions, privacy policy and other provisions is contained in the Certificate of Insurance.

HUB will receive a commission from the underwriters in respect of the plan. For further information regarding your personal information and how it is protected please visit: [HUB Canadian Privacy Statement](#).

• Please print clearly in ink.

• The personal information below is required in order to consider your enrolment for coverage.

• Couple Coverage includes the Applicant and one Dependent (either Spouse* or Dependent Child*).

• Family Coverage includes the Applicant, their Spouse* and any Dependent Children*.

* Please review the definition of Spouse and Dependent Child from the travel certificate.

HUB 60-DAY ANNUAL TRAVEL PLAN

Rates Effective February 1, 2026

Medical-Only Plan Group Number 8389						
Age	Single		Couple		Family	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
Under 60	\$5.24	\$62.88	\$8.16	\$97.92	\$8.80	\$105.60
60 - 64	\$5.31	\$63.72	\$8.28	\$99.36	\$8.93	\$107.16
65 - 69	\$5.34	\$64.08	\$8.32	\$99.84	\$8.97	\$107.64
70 - 74	\$5.36	\$64.32	\$8.35	\$100.20	\$9.00	\$108.00
75 - 79	\$5.58	\$66.96	\$8.69	\$104.28	\$9.37	\$112.44
80 - 84	\$5.82	\$69.84	\$9.07	\$108.84	\$9.78	\$117.36

Medical With Trip Cancellation & Trip Interruption Group Number 8392						
Age	Single		Couple		Family	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
Under 60	\$6.39	\$76.68	\$9.96	\$119.52	\$10.74	\$128.88
60 - 64	\$6.48	\$77.76	\$10.10	\$121.20	\$10.89	\$130.68
65 - 69	\$6.51	\$78.12	\$10.15	\$121.80	\$10.94	\$131.28
70 - 74	\$6.53	\$78.36	\$10.18	\$122.16	\$10.98	\$131.76
75 - 79	\$6.79	\$81.48	\$10.58	\$126.96	\$11.41	\$136.92
80 - 84	\$7.08	\$84.96	\$11.02	\$132.24	\$11.89	\$142.68

Comprehensive Group Number 8395						
Age	Single		Couple		Family	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
Under 60	\$7.17	\$86.04	\$11.17	\$134.04	\$12.04	\$144.48
60 - 64	\$7.26	\$87.12	\$11.31	\$135.72	\$12.20	\$146.40
65 - 69	\$7.29	\$87.48	\$11.36	\$136.32	\$12.25	\$147.00
70 - 74	\$7.31	\$87.72	\$11.39	\$136.68	\$12.28	\$147.36
75 - 79	\$7.57	\$90.84	\$11.79	\$141.48	\$12.72	\$152.64
80 - 84	\$7.85	\$94.20	\$12.24	\$146.88	\$13.19	\$158.28

Please send your enrolment form and cheque (made payable to **HUB International**) to:

HUB International
 Attn: Annual Travel Plan – Karen Vandal
 500 – 1661 Portage Ave
 Winnipeg MB R3J 3T7
 Email: travelplan@hubinternational.com
 Telephone: 1-866-756-3281

Payment by credit card is also available. Please call 1-866-756-3281 to provide information. Do not communicate credit card information via email, but you can email a scanned copy of your completed enrolment form to travelplan@hubinternational.com.

For Office Use Only:

Date Enrolment Form Received: _____ Association/Organization Membership Confirmed: _____
 Effective Date: _____ Premium Received: _____