

## ENROLMENT FORM FOR CTA MEMBER OUT-OF-COUNTRY (OOC) COVERAGE THROUGH RSA TRAVEL INSURANCE INC.

**Please PRINT clearly**

### 1 Plan Member Details

Name (first, middle initial, last)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Coverage Selection <input type="checkbox"/> Single <input type="checkbox"/> Waive *		* If you have a spouse who is eligible for this OOC plan thru the CTA, please indicate the name of your spouse and department below for coordination. Spouse: _____ Dept: _____	
<input type="checkbox"/> Family (Couple)			
Department _____		Date of Birth D/M/Y _____	
Telephone _____	E-mail Address _____		

### 2 Spouse & Dependent Details

Spouse's last name	First name	Middle Name	Date of Birth (d/m/y)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's last name	First name	Middle Name	Date of Birth (d/m/y)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Student
Child's last name	First name	Middle Name	Date of Birth (d/m/y)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Student
Child's last name	First name	Middle Name	Date of Birth (d/m/y)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Student
Child's last name	First name	Middle Name	Date of Birth (d/m/y)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Student
Child's last name	First name	Middle Name	Date of Birth (d/m/y)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Student

**NOTES:** If you need more space, please complete on a separate sheet of paper and sign and date it.

\* A student is a child age 18-25 who is a full-time student attending an educational institution recognized by CRA as long as the child is not married, in any other formal union, or entirely dependent on you for financial support.

### 3 Declaration and Authorization

I declare that my answers in this enrollment form are true and complete.

I hereby agree to advise the program administrator of any life changes within 30 days.

I authorize RSA Travel Insurance Inc. and its agents and service providers to use and exchange information needed for underwriting, administration, and adjudicating claims and to use and exchange information with Zavitz Insurance for the purpose of administration under this benefits program.

Member's Signature	Date
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