



**Parksville Life Benefits Ltd.**

141 S. Alberni Hwy, Parksville, BC V9P 2H2 • 250.248.5784

Enhancing our clients' well-being through life, health and wealth benefits.

**Print and fill form to apply for Visitors to Canada**

Fax to Parksville Life Benefits at: 250 248-5502

Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Surname First Name

Address in Canada: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Day Phone: \_\_\_\_\_

Date of Birth: Yr \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_ Email: \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

1. Coverage will become effective on my arrival in Canada provided I applied on or before that date, otherwise coverage will be effective on the date my application and payment is received by Parksville Life Benefits.
2. I have not seen a doctor nor been to hospital since my arrival in Canada and I am in good health at the present time.
3. I certify all the above information is true and correct.

Today's Date: Yr \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_

Arrival In Canada: Yr \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_

Please note there is a 48 hour waiting period on Sickness.

Charge Visa \_\_\_\_\_ Charge Mastercard: \_\_\_\_\_

Number: \_\_\_\_\_

Expiry Date: Yr \_\_\_\_ Month \_\_\_\_