



## Confirmation of Emergency Medical Insurance Coverage

Comprehensive Emergency Medical Insurance is mandatory as a condition of your acceptance and participation in a program.

***Complete and return this form to The Office of the Registrar along with your confirmation notice.***

Non-Canadians who have not presented proof of full medical insurance seven calendar days prior to their first day of residency will be automatically be enrolled in The Banff Centre's StudentGuard Health Insurance policy for the duration of their stay (including arrival and departure days) and charged the applicable fees. *There will be no exceptions or extensions.*

Name: \_\_\_\_\_ Program Name: \_\_\_\_\_  
Last First

Banff Centre ID#: \_\_\_\_\_ Program Dates: \_\_\_\_\_  
Year/Month/Day to Year/Month/Day

### Please check off one of the following:

**I am Canadian and I live in Canada.**

Province: \_\_\_\_\_ Provincial healthcare #: \_\_\_\_\_

**I have emergency medical insurance for the length of my program (including days of travel).**  
*\*This includes Canadian citizens residing in a foreign country\**

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Emergency Assistance Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_ Maximum Benefit Coverage: \_\_\_\_\_  
\* including days of travel: Year/Month/Day to Year/Month/Day

**I wish to enrol in The Banff Centre's StudentGuard group policy. (\*for international participants only\*)**

Coverage Start Date: \_\_\_\_\_ Coverage End Date: \_\_\_\_\_  
\* including day of travel: Year/Month/Day \* including day of travel: Year/Month/Day

Date of Birth: \_\_\_\_\_ Sex: F / M Home Country: \_\_\_\_\_  
Year/Month/Day

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Credit card details:**  **Visa**  **MasterCard**  **American Express (charges are in Canadian dollars)**

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: Please print: \_\_\_\_\_ Signature: \_\_\_\_\_

**Fax to 1-403-762 - 6345 or email [arts\\_info@banffcentre.ca](mailto:arts_info@banffcentre.ca)  
Questions? Email: [community\\_services@banffcentre.ca](mailto:community_services@banffcentre.ca)**

The personal information on this form will be used for health care coverage confirmation and enrolment. This information is collected under the authority of the *Post-Secondary Learning Act, Revised Statutes of Alberta* that governs the programs and services offered by The Banff Centre, and will be protected by the provisions of the *Alberta Freedom of Information and Protection of Privacy Act*. For inquiries about the collection and use of this information, please contact: The Banff Centre Community Services, PO Box 1020, Stn # 34, Banff, Alberta T1L 1H5 Telephone 1.403.762.6269