



# PARTICIPANT RESOURCES We can help you navigate

## Confirmation of Emergency Health Insurance Coverage

***Please complete and return this form to Participant Resources.***

**Comprehensive emergency health insurance coverage is mandatory as a condition of your acceptance and participation in a Banff Centre program.** Non-Canadians who have not presented proof of valid health insurance fourteen (14) calendar days prior to their first day of residency will be automatically enrolled in Banff Centre's **guard.me International Insurance** group plan 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 ONE of the following:***

**I am a Canadian (or landed immigrant) living in Canada with provincial healthcare coverage.**

Province: \_\_\_\_\_ Provincial Healthcare #: \_\_\_\_\_

**I have private emergency health 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: \$ \_\_\_\_\_

Include day(s) of travel: Year/Month/Day to Year/Month/Day

**Enrol me in Banff Centre's guard.me group plan (*for international participants*) at \$2.00 CDN/day.**

*Please note: If you are 65 years of age or older, you are responsible for obtaining your own insurance - proof of this insurance is required.*

Coverage Start Date: \_\_\_\_\_ Coverage End Date: \_\_\_\_\_

Include day(s) of travel: Year/Month/Day

Include day(s) of travel: Year/Month/Day

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

Year/Month/Day

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

***Email completed form to [medicalform@banffcentre.ca](mailto:medicalform@banffcentre.ca)  
or mail to: Participant Resources, Banff Centre, PO Box 1020, Station #34,  
Banff, Alberta, Canada T1L 1H5***