BANFF
CENTRE FOR ARTS AND CREATIVITY

PARTICIPANT RESOURCES

Confirmation of Emergency Health Insurance Coverage

Please complete and return this form to: medicalform@banffcentre.ca

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 **guard.me** international insurance 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 *(incl. 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

☐ **Enroll me in Guard.me International Insurance *(for international participants)* at $2.00 CDN/day.**
Please note: guard.me does not cover any pre-existing medical conditions. Please visit their website at www.guard.me for coverage details. *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: _____ **Home Country:** _____
Year/Month/Day

Phone Number: _____ **Email**: _____

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

Card Number: _____ **Expiry Date**: _____ **CVV**: _____

Name on Card (*Please print*): _____ **Signature**: _____

Email completed form and any enquiries to: medicalform@banffcentre.ca