

Single trip

Allianz 州保険加入者用旅行保険～Masato さん 23 歳 学生ビザ BC 州保険有での加入手続き例～

-日本とアメリカを訪問 25 日間、うちアメリカ滞在は 10 日間

Step 1. 加入条件を確認

条件を満たされている場合に限り、お手続きいただけます。

1. As of the effective date of your policy you must:

- a) be at least 15 days old,
- b) be a Canadian resident and be insured for benefits under a Canadian government health insurance plan during the entire Coverage Period,
- c) not have been advised against travel by a physician for a period of time which includes your trip, and
- d) not be travelling or going on your trip to receive treatment or alternative therapy of any kind.

Canadian resident means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada.

2. In the two (2) years prior to the effective date, you must not have been diagnosed with or received treatment for a terminal condition for which a physician gave you a prognosis of eventual death or for which palliative care was or is being received.

3. If you are age 65 or older on the effective date, to be eligible for coverage you must not require assistance with activities of daily living including but not limited to, eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair), or dressing, as the result of a medical condition or state of health.

以下の場合には BIIS までご連絡ください

-加入資格を満たしていない

-AB, BC, NWT, ON, Yukon 以外からのお申込み

-65 歳以上の方

Step 2. 必要項目を入力

Destination region *

Japan



複数ヶ国訪れる場合は、最も多く滞在する国を選択してください。
滞在期間が同じでその内の1つがアメリカである場合はアメリカを選択し、そうでない場合は最も近い国を選択してください。

Provincial/Federal healthcare coverage

Please check box if all insureds have valid provincial or federal healthcare coverage.

Number of travellers

- 01 +

Date of birth *

1 02/28/2023



MM/DD/YYYY

旅行取消・中断保険、Comprehensive Package、Non-medical Packageをご希望場合は、お支払い済旅行代金で出発前に取消した際に払い戻し不可金額をカナダドルで入力。

Total trip cost for all travellers (CAD)

1600

Optional



金額に含まれないもの

- 払い戻し可能旅行代金
- クレジットカードポイント、エアロプラン、エアマイル等でお手配したもの
- 宿泊先チェックイン時にお支払いをされる宿泊料金

注1: 領収書等に出発前の取消は払い戻し不可であると記載されている必要があります。

注2: Airbnbにて宿泊をお手配されている場合、Payment receiptに Invoice number、Registration number、TAX Numberの記載が必須となります。

注3: 旅行取消のみ除外可能。その場合は未入力で構いません。

ご不明点がある場合はBIISまでご連絡ください

GET QUOTE

START QUOTE

COVERAGE TYPE *

Annual multi-trip

Single trip

Departure date *

12/01/2023



MM/DD/YYYY

Return date *

12/25/2023



MM/DD/YYYY

Alberta

British Columbia

Northwest Territories

Ontario

Yukon



Step 3. 希望するプランを選択

COVERAGE TYPE * ⓘ

Annual multi-trip Single trip

Departure date *
12/01/2023 ⓘ

Return date *
12/25/2023 ⓘ

Province/Territory of residence...
British Columbia ▼

Destination region *
Japan ▼ ⓘ

Provincial/Federal healthcare coverage

Please check box if all insureds have valid provincial or federal healthcare coverage.

Number of travellers

[-] 01 [+]

Date of birth *
02/28/2023 ⓘ

Total trip cost for all travellers (CA...
1600 ⓘ

Optional

GET QUOTE

	Comprehensive Package \$134.63* <small>Policy of Insurance Summary of Exclusions</small> Purchase	Emergency Medical Plan \$50.91* <small>Policy of Insurance Summary of Exclusions</small> Purchase	Non-medical Package \$83.72* <small>Policy of Insurance Summary of Exclusions</small> Purchase	Trip Cancellation and Interruption Plan \$79.21* <small>Policy of Insurance Summary of Exclusions</small> Purchase
Emergency Medical ⓘ	\$10 million	\$10 million	-	-
Dental ⓘ	\$5,000	\$5,000	-	-
Emergency Medical Transportation ⓘ	Included	Included	-	-
Return of Vehicle / Watercraft ⓘ	\$5,000	\$5,000	-	-
Pet Return ⓘ	\$500	\$500	-	-
Trip Cancellation – Total trip cost for all insured persons ⓘ	Sum Insured	-	Sum insured	Sum Insured
Trip Interruption - Prepaid expenses for all insured persons ⓘ	Sum Insured	-	Sum Insured	Sum Insured
Trip Interruption - Transportation Expenses ⓘ	Unlimited	-	Unlimited	Unlimited
Travel Delay ⓘ	\$350 per day up to a maximum of \$1,500 Minimum Required Delay – 6 hours	-	\$350 per day up to a maximum of \$1,500 Minimum Required Delay – 6 hours	\$350 per day up to a maximum of \$1,500 Minimum Required Delay – 6 hours
Baggage Loss ⓘ	\$1,000 Maximum benefit for all high value items: \$500	-	\$1,000 Maximum benefit for all high value items: \$500	-
Baggage Delay ⓘ	\$400 Minimum Required Delay – 12 hours	-	\$400 Minimum Required Delay – 12 hours	-
Travel Accident ⓘ	\$100,000	-	\$100,000	-

* The quoted premium rate is based on the trip details and other information provided by you. Please note that the quoted rates may change as a result of any updates to the information you have provided. Premium rates are subject to change without notice.

Step 4. 加入資格を確認して✓

Eligibility requirements

Disclaimer and conditions

To be eligible for coverage:

1. As of the effective date of your policy you must:
 - a. be at least 15 days old; and
 - b. be a Canadian resident and be insured for benefits under a Canadian government health insurance plan during the entire Coverage Period; and
 - c. not have been advised against travel by a physician for a period of time which includes your trip; and
 - d. not be travelling to receive treatment or alternative therapy of any kind.
2. In the last two (2) years, you must not have been diagnosed with or received treatment for a terminal condition for which a physician gave you a prognosis of eventual death or for which palliative care was or is being received.

IMPORTANT

Canadian resident means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada. The provincial and territorial government health insurance plans limit the time a person can be out of Canada and still remain eligible for provincial coverage. It is your responsibility to ensure you remain eligible during your Coverage Period. Check your province or territory's health insurance plan for details.

Definitions:

Treatment: A medical or diagnostic procedure prescribed, performed or recommended by a physician, including but not limited to, prescribed medication, investigative testing or surgery.

Physician: A person, other than you, a family member or a travelling companion, who is a medical practitioner and whose legal and professional standing within his or her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada.

I confirm that all travellers in this quote meet the eligibility requirements.

Exit

Confirm and Proceed

Traveller details

Insured Travellers

First name *

Masato

Last name *

BIIS

Date of Birth

02/28/2023

Contact Information

Address line 1 *

#901-1030 West Georgia Street

Address line 2

City *

Vancouver

Postal code *

V6E 2Y3

Country *

Canada

Province/Territory/State *

British Columbia

Phone number *

+1 6044088695

Email *

info@biis.ca

Please select the travellers preferred language for communication.*

English

French

Please select the travellers preferred delivery method for their policy documents.*

E-mail

必ずEmailを選択してください

Mail

Mailを選択すると保険証がEmailにて送付されません

Agreements for purchase*



I confirm (on behalf of all travellers under this purchase) that I have read and accept the [Summary of Exclusions and Policy of Insurance](#) and agree to the terms and conditions of the insurance coverage outlined in these documents. I confirm I understand what's not covered and acknowledge that any misrepresentation of information by me will cause the insurance coverage to be null and void.



I consent (on behalf of all travellers under this purchase) to Allianz Global Assistance and its agents collecting, processing, distributing and retaining the personal information collected to provide and administer travel insurance and for internal research and analytics purposes in accordance with the [Privacy Notice](#) detailed in the insurance policy. This data may be shared with agents, brokers and credit card processors in order to facilitate the process of providing you with the travel insurance services. I also understand that this information may be transferred outside of Quebec (if a Quebec Resident) or Canada for the purposes related to enrollment, assistance services or claims and adjudication. I acknowledge that I have the right to access, rectify or delete this information or withdraw my consent for processing and retention of this information, where applicable. The above information is necessary for the purposes of providing you travel insurance services and issuing a policy.

BACK

CONTINUE

Your quote

Policy type:	Single trip
Travel dates:	12/01/2023 - 12/25/2023
Destination:	Japan
Number of travellers:	1
Trip cost:	\$1,600.00

Comprehensive Package

[Policy of Insurance](#) | [Summary of Exclusions](#)

\$134.63 ⓘ

Deductible amount \$0.00 CAD per insured

Includes emergency medical, trip cancellation, interruption and delay due to a covered reason, baggage benefits and more for comprehensive protection before and after you depart.

[View product benefits](#)



Payment

Cardholder name (as it appears on card) *

Card number *

Expiration date *

MM YYY

Security code *



Billing address same as policyholder

BACK

COMPLETE PURCHASE

Your quote

Policy type:	Single trip
Travel dates:	12/01/2023 - 12/25/2023
Destination:	Japan
Number of travellers:	1
Trip cost:	\$1,600.00

Comprehensive Package

Policy of Insurance | Summary of Exclusions

\$134.63

Deductible amount \$0.00 CAD per insured

Includes emergency medical, trip cancellation, interruption and delay due to a covered reason, baggage benefits and more for comprehensive protection before and after you depart.

[View product benefits](#)



クレジットカード情報を入力し、承認をお取りできますと入力された Email へ保険証がお届けになります