SWAP INSURANCE WAIVER

I, the undersigned, acknowledge that as a participant of **SWAP** that in order to work and travel abroad I must have the following insurance coverage for the duration of my participation in Canada:

Medical Expenses, Personal Accident, and
Repatriation of Remains up to $25,000.00 USD

*Please produce a copy of the insurance policy including breakdown of the above amounts

I, the undersigned, am already covered by an insurance policy other than that offered to me by **Travel CUTS/SWAP** which meets the minimum coverage as indicated above. I am attaching a copy of this policy which indicates the level of insurance coverage. I, the undersigned, acknowledge that if I decide to stay in Canada for longer than the date indicated below, I am fully responsible for extending my insurance policy so that I continue to meet the minimum required insurance coverage.

Dates of Participation: _____ **to** _____
DD/MM/YY **DD/MM/YY**
Name of Insurance Company: _____
Policy Number: _____
Your Full Name: _____
Date of birth: _____
Your Signature: _____
Date: _____

Please provide a copy of your pre-existing coverage with this form. Included must be a breakdown of the coverage amounts.