



**WESTERN SCHOOL DISTRICT  
POLICY # 1HC60 – EXCESS MEDICAL INSURANCE**

Name of School: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Trip Location: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Date of Return: \_\_\_\_\_

Number of Insured Persons: \_\_\_\_\_

Total Number of Students: \_\_\_\_\_ x \$ 2.75 per day x \_\_\_\_\_ days = \$ \_\_\_\_\_

**Total Number of  
Chaperones / Teachers:** \_\_\_\_\_ x \$ 2.75 per day x \_\_\_\_\_ days = \$ \_\_\_\_\_

**TOTAL REMITTANCE: \$ \_\_\_\_\_**

***Please fax list of students, teachers and chaperones to:***

**Steve MacDonald  
Fax 709-739-0424  
Questions? : Please call 709-722-7861 (ext. 251)**

***\*\*Cheque is to be made payable to "SSQ INSURANCE COMPANY INC." and mailed to:***

***P.O. Box 23040, 3<sup>rd</sup> Floor, Terrace on the Square  
St. John's, NL  
A1B 4J9***