



# Application to add Dependents to Same Coverage Dates as the International Student

Ref: IFAM



<b>1. PERSONAL INFORMATION</b>			
IMED Student's Last Name(s):			
IMED Student's First Name(s):			
Date of Birth (mm/dd/yyyy):		Student Number:	
Email Address:		Daytime Phone Number:	
<b>Note : student information is gathered for reference only. Coverage purchased is for dependents named below only.</b>			
<p><b>Coverage Dates:</b> By using this enrolment form, you are applying to have your Eligible Dependents named below added to your iMED policy. We (DCIS) must receive your application (with payment) for dependent coverage <b>within 15 days of the date your Dependents arrive in Canada</b>, otherwise:</p> <p>a) the earliest Coverage Start Date would be the date your application (with payment) is received by David Cummings Insurance Services Ltd.</p> <p>b) if the date of application were to fall in a calendar month AFTER your iMED Start Date, then you would need to apply for an iMED "Custom Order for Eligible Dependents."</p>			
<b>Study Program Type</b>	<b>Coverage Period **</b>	<b>Cost for 1 Dependent</b>	<b>Cost for 2 or more Dependents</b>
Degree Program Starting Winter Term 1	Aug. 1 <sup>st</sup> , 2023 – Oct. 31 <sup>st</sup> , 2023 (To cover BC MSP waiting period)	\$246	\$369
Degree Program Starting Winter Term 2	Dec. 1 <sup>st</sup> , 2023 – Feb. 29 <sup>th</sup> , 2024 (To cover BC MSP waiting period)	\$246	\$369
Exchange Winter Term 1 only	Aug. 26 <sup>th</sup> , 2023 – Jan. 2 <sup>nd</sup> , 2024	\$351	\$527
Exchange Winter Term 2 only	Dec. 25 <sup>th</sup> , 2023 – May 2 <sup>nd</sup> , 2024	\$351	\$527
Exchange Winter Terms <b>1+2</b>	Aug. 1 <sup>st</sup> , 2023 – Oct. 31 <sup>st</sup> , 2023 (To cover BC MSP waiting period)	\$246	\$369
Degree Program Starting Summer Term 1	Apr. 1 <sup>st</sup> , 2024 – Jun. 30 <sup>th</sup> , 2024 (To cover BC MSP waiting period)	\$246	\$369
Degree Program Starting Summer Term 2	Jun. 1 <sup>st</sup> , 2024 – Aug. 31 <sup>st</sup> , 2024 (To cover BC MSP waiting period)	\$246	\$369

\*\* Within the coverage periods listed above, coverage takes effect on the date of arrival in Canada, or on a later date when not eligible for coverage starting on date of arrival in Canada.

2. DEPENDENT INFORMATION:					
Home Country of Dependent:					
	Last Name(s)	First Name(s)	Date of Birth (mm/dd/yyyy)	Relationship:	Biological Sex
1					<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> </ul>
2					<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> </ul>
3					<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> </ul>
Date Dependents <b>arrive in Canada</b> (mm/dd/yyyy):			Date Dependents <b>arrive in BC</b> (mm/dd/yyyy):		

3. METHOD OF PAYMENT:
<b>PLEASE SEE PAGE 3 FOR CREDIT CARD DETAILS AND AUTHORIZATION</b>
<ul style="list-style-type: none"> <li>• E-transfer</li> <li>• Credit Card (MasterCard or Visa)</li> <li>• Cheque/ Money Order (Payable to <b>David Cummings Insurance Services Ltd.</b>)</li> <li>• Cash (Do not mail)</li> </ul>

4. DECLARATION AND AUTHORIZATION:		
<p>I certify that the above information is true and hereby apply for coverage for the Eligible Dependents named on this application. I understand the policy has limitations and exclusions and that it is my responsibility to read the policy wording.</p> <p>I hereby authorize release of any information, including medical records that are needed to process a claim filed under this policy, in conjunction with the purchase of this policy, to MSH International (Canada) Ltd. or its representative.</p> <p>I understand that the coverage will be effective on the date my Eligible Dependents arrive in Canada provided I register within 15 days of that date, otherwise coverage will be effective on the date this application is accepted by the Insurer, or its authorized agent, David Cummings Insurance Services Ltd.</p>		
<table border="1"> <tr> <td>Signature:</td> <td>Date (mm/dd/yyyy):</td> </tr> </table>	Signature:	Date (mm/dd/yyyy):
Signature:	Date (mm/dd/yyyy):	

<p><b>Email your application to:</b>  <a href="mailto:IMedForm@david-cummings.com">iMedForm@david-cummings.com</a></p> <p>Mail your application to:  David Cummings Insurance Services  Suite 350 – 2083 Alma St.  Vancouver, BC V6R 4N6  CANADA</p>	<p>For more information, please contact us:</p> <p>David Cummings Insurance Services Ltd.  Tel: 604-228-8816  Toll Free: 1-800-818-3188  Email: <a href="mailto:imed@david-cummings.com">imed@david-cummings.com</a>  Website: <a href="http://www.david-cummings.com/IMED">www.david-cummings.com/IMED</a></p>
--	---

# CREDIT CARD AUTHORIZATION FORM

Please complete all fields



## 1. Applicant Information

This payment authorization regards the [IMED Application to Add Dependents to Same Coverage Dates as International Student:](#)

---

Name of Primary Applicant (Person to be insured)

## 2. Payment Authorization

### CREDIT CARDS ACCEPTED



VISA AND MASTERCARD CREDIT CARDS\* FROM CANADIAN AND MOST NON-CANADIAN BANKS ARE ACCEPTED

\* DO NOT ENTER A VISA-DEBIT OR MASTERCARD-DEBIT CARD NUMBER ON THIS FORM. PAYMENT BY DEBIT CARD MAY ONLY BE MADE IN PERSON AT OUR OFFICE.

Credit Card Number \_\_\_\_\_

Card Expiry Date (month & year) \_\_\_\_\_ Secure CVV code (see below) \_\_\_\_\_

Cardholder Name (as it appears on card) \_\_\_\_\_

I hereby authorize DAVID CUMMINGS INSURANCE SERVICES LTD. to charge my credit card listed above with the amount of premium due to process the attached insurance application.

---

Signature of Cardholder

---

Date

### What is a secure CVV code?

The secure CVV (customer verification value) code is a 3 or 4 digit code printed on your credit card. We require this code as a security measure to our clients. Requiring this information helps to ensure that the credit card is present at the time of purchase. If you cannot find this code, or it is illegible, please contact your credit card issuer.