



Custom Order for Eligible Dependents



Ref: IFAM

① Personal Information:

iMED Student's Last Name(s):	
iMED Student's First Name(s):	
Date of Birth (mm/dd/yyyy):	Student #:
Email Address (required to send confirmation of insurance):	Daytime Phone #:
Canadian Mailing Address:	
City:	Province: Postal Code:
<p>Important Notes:</p> <ol style="list-style-type: none"> 1) Student information gathered above is for reference only so that we may confirm that your dependents are eligible for coverage and so that we can match their record with yours. Coverage purchased using this application is for your dependents named below only. 2) You may only purchase IMED coverage for your dependents if you (the student): <ol style="list-style-type: none"> a) are (or have been) insured under the same IMED Group Policy. b) are registered as a student at UBC during the dates your dependents are covered. 3) You will be notified if we determine that your dependents are not eligible for IMED coverage and if so we will inform you of other health insurance options available to them. 	
<p>Coverage will be made effective from the date your dependents arrive in Canada if we receive this application either before they arrive in Canada, or within 15 days of their arrival in Canada. Otherwise coverage will begin on the date your application and payment are accepted by the Insurer or its authorized agent, David Cummings Insurance Services Ltd.</p>	
Dependents' arrival date in Canada (mm/dd/yyyy):	Dependents' arrival date in BC (if different to the arrival date in Canada) (mm/dd/yyyy)
<p>Select the number of months you want your dependents to have coverage. Rates are per dependent for 1 or 2. For 3 or more dependents, cost is 2.5 x the individual rate.</p>	
<input type="radio"/> 1 Month: \$82 <input type="radio"/> 2 Months: \$164 <input type="radio"/> 3 Months: \$246	<p>If you wish to purchase more than 3 months coverage please write to: iMedForm@david-cummings.com Total Premium: \$</p>

② Dependent Information:

	Last Name(s)	First Name(s)	Date of Birth: (mm/dd/yyyy)	Relationship:	Gender
1.					<input type="radio"/> Male <input type="radio"/> Female
2.					<input type="radio"/> Male <input type="radio"/> Female
3.					<input type="radio"/> Male <input type="radio"/> Female

The Home Country of your dependents is:

③ Method of Payment:

- Interac E-Transfer Cheque / Money Order (Payable to **David Cummings Insurance Services Ltd.**)
 Visa MasterCard

PLEASE USE PAGE 3 FOR CREDIT CARD DETAILS AND AUTHORIZATION

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④ Declaration and Authorization:

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. 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.

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.

Signature:

Date (mm/dd/yyyy):

Email this application form to:

iMedForm@david-cummings.com
 or FAX 604-228-9807 or MAIL to: David Cummings Insurance Services Ltd. 350 – 2083 Alma Street
 Vancouver BC V6R 4N6 Canada

For more information, please contact:

David Cummings Insurance Services Ltd.
 Tel: 604-228-8816 Fax: 604-228-9807
 Toll Free: 1-800-818-3188
 Email: imed@david-cummings.com
 Website: www.david-cummings.com/iMED

CREDIT CARD AUTHORIZATION FORM

Please complete all fields



1. Applicant Information

This payment authorization regards the **IMED Custom Order to Add Spouse and/or Dependent Children** application for:

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.

DEBIT card payments may only be made in person at our office by appointment only.

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.