ELI Opt Out Request Form

(For International Students studying at the ELI or UBC Continuing Studies only)

Personal Information

First Name:	Last Name:
ELI Student Number:	Date of Birth (MM/DD/YYYY):
Telephone #:	Email address:

If your opt out request is approved, the iMED fee will be refunded to you by DCIS via cheque. ○ Please mail me the cheque (send to address provided) ○ Please have the cheque ready for pick-up at DCIS *- default if no box is checked*	Mailing address Street: City:_____ Prov: Postal Code: *Your refund cheque will be sent to this address* Please expect to receive the cheque in 2 to 3 weeks after request is submitted and approved.

1. **Indicate why you are requesting to opt out:**

   ○ I am already covered on Health Insurance BC (MSP)

   Indicate the date your MSP coverage began   MM/DD/YYYY

   ○ I am already covered on the provincial / territorial health plan of

   One of the following supporting documentation is <u>required</u>:

   - **a copy of your recent MSP billing statement that indicates you have coverage before the iMED effective date**
   - **letter confirming the effective date of your coverage on your provincial / territorial plan**

   ## (the MSP Care card alone is NOT sufficient proof)

   - **A phone call to MSP with an ELI or DCIS staff to verify the effective date. The ELI staff will verify the call via email to DCIS.**

   ○ I purchased three months of Advance iMED / GCHP Coverage directly through DCIS.

2. **Declare and sign this form:**

   ○ I declare that no claims were made on the iMED policy.

   Please note: Your iMED card will no longer be valid

Student's signature: _____   Date:

3. **Send this form and your supporting document to DCIS:**

   The form must be received by DCIS *within 30 days of the effective date* of your ELI iMED policy for full refund. Partial refund might be possible on a case by case basis if the form was submitted late or if MSP started after the effective date of the iMED policy.

4. **The processing time will take about 2 to 3 weeks. The earliest time of refund will be at the end of the term after the school confirmed your registration and tuition payment.**

Email your application to:

info@david-cummings.com

Mail your application to:
David Cummings Insurance Services Ltd.
350 – 2083 Alma Street
Vancouver BC V6R 4N6   Canada

For more information, please contact us:
David Cummings Insurance Services Ltd.
Tel: 604-228-8816
Toll Free: 1-800-818-3188
Fax: 604-228-9807
Website: www.david-cummings.com/IMED2