For **Visitors and New Residents in Canada**

**DCIS - Specialists in Health Insurance. Here for you.**

**David Cummings Insurance Services Ltd. (DCIS)** is an independent brokerage with over 25 years specializing in health insurance for visitors, SuperVisa, immigrants, international students, foreign workers, as well as for expatriates and travellers worldwide. We work to ensure that our clients are:

- Well advised
- Offered competitive solutions
- Equipped for successful use of their insurance
- Supported at time of claim

Let us put our expertise to work for you!

**When buying medical insurance for Canada, these details really matter!**

- **Status in Canada**
  - SuperVisa, Regular Visitor Visa, Work Permit, Study Permit, Permanent Resident, Returning Canadian, Student or Employee at a Canadian Educational Institution

- **Medical History and Age**
  - Medical history details are essential to review so that we can determine what medical plans you qualify for, and advise you on terms of coverage for your situation. Please inform us of past and/or existing medical conditions. If you take prescription medication, it is important for us to know when the medication was prescribed, and when the type or drug or dosage was last changed. **Please also advise if coverage is needed for an existing or future pregnancy.**

- **Itinerary**
  - What is the duration of your stay in Canada – short or long term?
  - Will you also travel to the USA or other place outside Canada?

- **Timing:** Whether you are already in Canada, or planning ahead for a future trip to Canada

---

**To start the quotation process, please complete the ‘Quotation Request Form’ on the reverse side of this page, or simply call or email...**

David Cummings Insurance Services Ltd.

agent@david-cummings.com    Fax: 604 228 9807    Tel: 604 228 8816 or 1 800 818 3188

---

See the Quotation Request Form
QUOTATION REQUEST FORM - Medical Insurance for Canada

① Who should we contact with insurance information?

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last (Family) Name:</th>
<th>Telephone Number:</th>
<th>Email Address:</th>
<th>I was referred by:</th>
</tr>
</thead>
</table>

Canadian Mailing Address
_____________________________________________
_____________________________________________

City: ___________________ Prov: ___________
Postal Code: ____________

What is your relationship to the people who need insurance?
- Family Member / Sponsor
- Employer
- Other

② Who needs the medical insurance?

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name (Optional)</th>
<th>Date of Birth (or Age on date insurance to start)</th>
<th>Sex</th>
<th>Home Country (Passport Country)</th>
<th>Date of Arrival In Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

③ Status In Canada (that you have, are applying for with CIC, or will have upon entry into Canada)

- Regular Visitor Visa
- Super Visa
- Working Holiday Visa
- Work Permit
- International Experience Canada (IEC)
- Study Permit
- Permanent Resident
- Returning Canadian
- Other

Affiliated with a Canadian School? If yes, a discounted plan may be available.
- Registered Student
- Employee at:
  School Name:

④ Additional Details (Use a separate page if necessary)

A. i) What Canadian Province or Territory will the person(s) to be insured visit or reside in?
   ii) How long will the person(s) stay in Canada?

B. Will the person(s) to be insured travel outside Canada during the period of insurance?
   - No
   - Yes - If yes, where to, and for how long?
   - USA for ______ days
   - Other: ___________________________ for _____ days

C. Has the person(s) to be insured ever been diagnosed with, and/or treated for a medical condition (sickness, disease, or injury)?
   - No
   - Yes – If yes, please list the medical condition(s) [if needed use pg. 3]
   - Heart (Cardiovascular)
   - Stroke/Mini-Stroke(Cerebrovascular)
   - Lung(Respiratory)
   - High Blood Pressure
   - Diabetes
   - Cancer
   - Other?

D. Does the person(s) to be insured have any prescription medication?
   - No
   - Yes – If yes, list the medical conditions that medication has been prescribed for:

E. Is an applicant pregnant or wanting insurance with maternity coverage?
   - No
   - Yes

**For an applicant currently pregnant, please indicate expected due date for childbirth: [ ]

Please submit this form to:
David Cummings Insurance Services Ltd.
Email: agent@david-cummings.com
Fax: 604-228-9807  Tel: 604-228-8816
www.david-cummings.com

We respect your privacy, and protect all personal information. We will only use the personal information provided for the purpose of responding to your request for an insurance quotation.
Health History Information

The detail you provide regarding past and existing medical conditions will inform our proposal of suitable insurance solutions. For each medical condition please provide the following information:

- Name of medical condition (or name the primary symptoms if the condition is not yet diagnosed)
- Date condition was first diagnosed (or date symptoms began if condition is not yet diagnosed)
- History or surgery / hospitalization
- Date of the MOST RECENT CHANGE in medication (dosage change, addition, or discontinuation of a medication)
- Date of the MOST RECENT need for medical consultation (other than a routine check-up)
- Whether you have been referred for diagnostic testing or specialist consultation that is still pending
- Whether you are waiting on the results of a medical test

Name of Applicant:

Respecting your Privacy:

David Cummings Insurance Services Ltd. (DCIS) recognizes and respects every individual's right to privacy. When you do business with us, you share personal information so that we may provide you with products and services that best meet your needs. We assume your consent for our firm to use this information in an appropriate manner. When you inquire about and/or apply for insurance coverage we establish a confidential client record of personal information. All employees, associated advisors and suppliers who are granted access to client records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. We use the information solely for the purpose of responding to your request for insurance services. Unless requested to do so by you, we do not share information with organizations outside of our relationship with you that would use it to contact you about their own products or services. We do not sell client information to anyone. If you have any questions or concerns about the protection of your personal information please contact our Privacy Officer: Jason Cummings. Phone (604) 228-8816 Fax (604) 228-9807 Email: jason@david-cummings.com