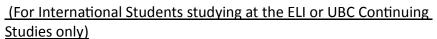


ELI Opt Out Request Form





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 windled to you by DCIS via cheque. Please mail me the cheque (send to address provided) Please have the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque ready for pick-up at DCI address of the cheque rea	Street: City:_ Prov: Postal Code: *Your refund cheque will be sent to this address*
1. Indicate why you are requesting to opt out: O I am already covered on Health Insurance BC (MSP) Indicate the date your MSP coverage began MM/DD/YYYY O I am already covered on the provincial / territorial health plan of One of the following supporting documentation is required: • 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. O I purchased three months of Advance iMED / GCHP Coverage directly through DCIS. 2. Declare and sign this form: O 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 <u>within 30 days of the effective date</u> 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