



Date Change Request Form

Personal Information

First Name:	Last Name:
Student Number:	Date of Birth: (mm/dd/yyyy)
Date studies will begin / began at UBC: (Month/Year)	Program type: <input type="checkbox"/> Degree <input type="checkbox"/> Exchange (one term) <input type="checkbox"/> Exchange (two terms) <input type="checkbox"/> Other:
Email address	
Telephone #	

Date Change Request Details

Important Notes:

- Date changes are only given if you arrive in BC in the calendar month after your iMED coverage start date as indicated on your iMED card. In this case your coverage dates need to be changed so that you are covered during your complete three month waiting period for the BC Medical Services Plan (MSP). Your three month waiting period for MSP is determined by the calendar month that you arrive in BC.
- Please submit this form by the end of your third week of classes.

Eligibility Questions:

- What date did you / will you arrive in BC? (Month/Day/Year)
Please attach a copy of the supporting document (e.g., passport stamp or landing document)
- Was or will your point of entry into Canada be in a province other than BC? Yes No
 If 'Yes', then what date did you arrive in that province prior to coming to BC? (Month/Day/Year)

Student's signature: _____

Fax this form and your supporting document to DCIS at fax number 604-228-9807.

See the "Coverage Dates" page of the "Enrolment" section at the iMED Website (www.david-cummings.com/imed) to view the coverage dates set for your study program and term.

If you have questions, please contact DCIS at 604-228-8816 or by email to imed@david-cummings.com.