



Opt Out Request Form

(For International Students only)

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

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 _____ month/day/year

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

For either of the two reasons above, the following supporting documentation is required:

a copy of your billing statement or letter confirming your coverage on your provincial / territorial plan

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

This reason only applies to degree and two-term exchange students. Please fax a copy of your study permit with this form.

Student's signature: _____ Date: ____ / ____ / _____ (mm/dd/yyyy)

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

See the "Opting Out" page of the "Enrolment" section at the iMED Website (www.david-cummings.com/imed) to view submission deadlines for opting out.

If your opt out request is approved, the iMED fee will be credited to your tuition account.