



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(Month/Year):	Program type: <input type="radio"/> Degree <input type="radio"/> Exchange (one term) <input type="radio"/> Exchange (two term) <input type="radio"/> Others:
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 recent billing statement**
- **Your letter of enrollment, confirming your coverage on your provincial / territorial plan**

IMPORTANT: A copy of your provincial medical card is NOT sufficient proof

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

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

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

2. Send **this form and your supporting documents** to DCIS either by email or fax.

By email: Scan your documents and attach to: imed@david-cummings.com

Or by fax: Send your documents to 604-228-9807.

3. The processing time will take about 2 to 6 weeks.

- 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. This form and supporting documentation must be submitted to DCIS by the add/drop deadline** (the last day to drop courses without a W) as per the UBC calendar: <http://www.calendar.ubc.ca/vancouver/index.cfm?tree=3,45,99,0>