



Application to add Dependents to Same Coverage Dates as the International Student



Policy No.

Ref: IFAM

① Personal Information:

iMED Student's Last Name(s):	
iMED Student's First Name(s):	
Date of Birth (mm/dd/yyyy):	Student #:
Email: (required to send confirmation of coverage)	Daytime Phone #:

Note: Student information is gathered for reference only. Coverage purchased is for dependents named below only.

Coverage Dates: By using this enrolment form, you are applying to have your Eligible Dependents named below added to your iMED policy. One-Term Exchange Students see the table below for the Coverage Dates assigned to each term. All other international & two-term exchange students: you first must complete the **Arrival Date Confirmation Form** to activate your coverage period before you may add eligible Dependents. We (DCIS) must receive your application and payment for dependent coverage **within 15 days of the date your Dependents arrive in Canada**, otherwise: a) the earliest Coverage Start Date would be the date we receive your application and payment, and b) if the application were to fall in a calendar month AFTER your iMED Start Date, then you would need to apply for an iMED "Custom Order for Eligible Dependents."

Study Program Type	Coverage Duration & Dates	Cost to add 1 Dependent	Cost to add 2 or more Dependents
Degree Program Start Winter Term 1, 2021	Up to 3 months** to cover BC MSP waiting period	\$234	\$351
Degree Program Start Winter Term 2	Up to 3 months** to cover BC MSP waiting period	\$234	\$351
Exchange Winter Term 1 only	Aug. 30, 2021 – Jan. 2, 2022	\$324	\$485
Exchange Winter Term 2 only	Dec. 26, 2021 – Apr 29, 2022	\$324	\$485
Exchange Winter Terms 1+2	Up to 3 months** to cover BC MSP waiting period	\$234	\$351
Degree Program Start Summer Term 1	Up to 3 months** to cover BC MSP waiting period	\$234	\$351
Degree Program Start Summer Term 2	Up to 3 months** to cover BC MSP waiting period	\$234	\$351

effective date confirmed by DCIS in response to **student's Arrival Date Confirmation Form

Application from (name of student): _____

② Dependent Information:

Home Country of Dependent:					
	Last Name(s)	First Name(s)	Date of Birth: (mm/dd/yyyy)	Relationship:	Gender
1	_____	_____	_____	_____	<input type="radio"/> Male <input type="radio"/> Female
2	_____	_____	_____	_____	<input type="radio"/> Male <input type="radio"/> Female
3	_____	_____	_____	_____	<input type="radio"/> Male <input type="radio"/> Female

Date Dependents arrive in Canada (mm/dd/yyyy): _____	Date Dependents arrive in BC (mm/dd/yyyy): _____
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③ Method of Payment: PLEASE SEE PAGE 3 FOR CREDIT CARD DETAILS AND AUTHORIZATION.

Cash (Do not mail) Cheque / Money Order (Payable to *David Cummings Insurance Services Ltd.*)
 Visa MasterCard

DO NOT USE >> _____

DO NOT USE >> _____

④ Declaration and Authorization:

I certify that the above information is true and hereby apply for coverage for the Eligible Dependents named on this application. I understand the policy has limitations and exclusions and that it is my responsibility to read the policy wording.

I hereby authorize release of any information, including medical records that are needed to process a claim filed under this policy, in conjunction with the purchase of this policy, to MSH International (Canada) Ltd. or its representative.

I understand that the coverage will be effective on the date my Eligible Dependents arrive in Canada provided I apply with payment within 15 days of that date, otherwise coverage will be effective on the date this application with the appropriate premium payment is accepted by the Insurer, or its authorized agent, David Cummings Insurance Services Ltd.

Signature: _____	Date (mm/dd/yyyy): _____
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EMAIL THIS APPLICATION TO: imed@david-cummings.com <i>Or by Fax to 604-228-9807 - or by Mail to:</i> David Cummings Insurance Services Ltd. Suite 350 – 2083 Alma St. Vancouver, BC V6R 4N6 CANADA	<i>For more information, contact us:</i> David Cummings Insurance Services Ltd. Tel: 604-228-8816 Fax: 604-228-9817 Toll Free: 1-800-818-3188 Email: imed@david-cummings.com Website: www.david-cummings.com/IMED
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CREDIT CARD AUTHORIZATION FORM

Please complete all fields



1. Applicant Information

This payment authorization regards the **IMED application to Add Dependents to Same Coverage Dates as International Student:**

Name of Primary Applicant (Person to be insured)

2. Payment Authorization

CREDIT CARDS ACCEPTED



VISA and MASTERCARD credit cards* from Canadian and most non-Canadian banks are accepted.

* **Do not** enter a Visa-DEBIT or Mastercard-DEBIT card number on this form.

Payments by DEBIT cards must be made in person at our office by appointment only.

Credit Card Number _____

Card Expiry Date (month & year) _____ Secure CVV code (see below) _____

Cardholder Name (as it appears on card) _____

I hereby authorize DAVID CUMMINGS INSURANCE SERVICES LTD. to charge my credit card listed above with the amount of premium due to process the attached insurance application.

Signature of Cardholder

Date

What is a secure CVV code?

The secure CVV (customer verification value) code is a 3 or 4 digit code printed on your credit card. We require this code as a security measure to our clients. Requiring this information helps to ensure that the credit card is present at the time of purchase. If you cannot find this code, or it is illegible, please contact your credit card issuer.