



Application to extend coverage or start a new policy.



iMED Student's Last Name(s):			
iMED Student's First Name(s):			
Date of Birth (mm/dd/yyyy):		Student #:	
Email Address (required to send confirmation of insurance):		Daytime Phone #:	
Canadian Mailing Address:			
City:		Province:	Postal Code:
<p><b>Your eligibility for an extension is determined by where you will be, and what your status will be during the extension period. The same factors will determine the length of extension that you are eligible for. An insurance agent from DCIS will contact you if you are not eligible for the number of months that you are applying for. To qualify for an <u>extension</u> of coverage you must submit this application with your payment to DCIS on or before the expiry date of your most recent iMED policy. Otherwise, your application will be processed as a <u>new order</u> and if approved, your new policy will be effective on the date we receive your application and payment.</b></p>			
<p><b>During the extension period I will: (please check all that apply)</b></p> <p><input type="checkbox"/> continue as a registered student at UBC.</p> <p><input type="checkbox"/> be a registered student at a new school. Name of School: _____</p> <p><input type="checkbox"/> take an employment position at UBC.</p> <p><input type="checkbox"/> be a visitor in BC until I return to my home country.</p> <p><input type="checkbox"/> will travel in Canada until I return to my home country.</p> <p><input type="checkbox"/> will travel outside Canada until I return to my home country.</p> <p><input type="checkbox"/> remain in Canada to apply for permanent resident status or for a work permit for employment other than at UBC.</p> <p><input type="checkbox"/> other (please specify):</p>			
<b>Where will you be during the extension period you are applying for?</b>		<b>Date that you will return to your home country:</b>	
<p><b>My most recent iMED policy will expire on:</b> _____  <span style="margin-left: 300px;"><u>(mm/dd/yyyy):</u></span></p>			
<p>The cost of \$40 per month is per person if there are 2 people including the student are to be insured. For 3 or more people, the cost is 2.5 x the individual rate.</p>			
# of coverage months	X \$40 per month	Individual Premium	X 2.5 (family rate) only if applicable
			\$ _____ Family Premium

<b>List your Dependent(s) who need coverage with you.</b>				
	<b><u>Last Name(s):</u></b>	<b><u>First Name(s):</u></b>	<b><u>Birthdate (mm/dd/yyyy):</u></b>	<b><u>Gender</u></b>
1.				
2.				
3.				
4.				
5.				
6.				

I certify that the above information is true and hereby apply for coverage. 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 is needed to process a claim filed under this policy, in conjunction with the purchase of this policy, to The Norfolk International Group Inc. or its representative. I understand that coverage will be extended effective on the date after my most recent iMED policy expired only if my application and payment are received by DCIS on or before that date. Otherwise I understand that coverage will be effective on the date this application is accepted by the Insurer, or its authorized agent, David Cummings Insurance Services Ltd.

Application Date (mm/dd/yyyy): \_\_\_\_\_ Signature: \_\_\_\_\_

**Method of Payment: A Credit Card payment is required for faxed applications.**

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

Visa     MasterCard

Card Number: \_\_\_\_\_ Expiry Date (mm/yyyy): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

<p><b>FAX APPLICATION TO: 604-228-9807</b></p> <p>Mail to / Visit in person at: David Cummings Insurance Serv. Suite 350 – 2083 Alma St. Vancouver BC V6R4N6 CANADA</p>	<p>For more information, please contact us: David Cummings Insurance Services Ltd. Tel: 604-228-8816 Toll Free: 1-800-818-3188 Email: info@david-cummings.com</p>
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