Application for Advance Coverage

For students who arrive in Canada prior to their iMED start date.

Ref: ADVANCE

① Personal Information

Last (Family) Name:	First Name:	Student Number:
Email address:	Date of Birth (mm/dd/yyyy):	Gender: ◯ **Male** ◯ **Female**
Date studies will begin / began at UBC(Month/Year):	Program type: ◯ Degree ◯ Exchange (one term) ◯ Exchange (two term) ◯ Others:	
Telephone #:		

② Coverage Dates

Arrival date in Canada (mm/dd/yyyy):	Arrival date in BC (mm/dd/yyyy):
Home Country:	

③ Advance iMED – Purchase Options – Please check the option that applies to you.

- **Costs are per person if one or two people (including the student) are to be insured.**
- **For 3 or more people including the student, the cost is 2.5 x the individual rate.**

◯ **1. I am a degree student (or two-term exchange student) and will arrive <u>in BC</u> prior to my iMED start date.**

I wish to purchase a three month Advance iMED policy to be covered during the waiting period before I am eligible for the BC Medical Services Plan (MSP). In so doing I wish to opt out of the iMED policy billed by UBC in my student fees.

X_____

Signature of UBC student

In order for this application to be approved, we must receive this application with your payment within **15 days of your arrival date in Canada**. In order for your Opt Out to be completed and the iMED fee credited back to your UBC financial account, you must email or fax us (DCIS) a copy of your **Study Permit after you have arrived in Canada**. We need this as proof that your Advance iMED policy will cover you for your full waiting period for MSP. (Our email and fax contacts are below).

3 month plan – For one individual:	$246 Individual Cost	X 2 (couple rate) or X 2.5 (family rate)	$ Family Cost

◯ 2. I am a one-term exchange student and will arrive earlier than my IMED start date.

Calculate the extra coverage days you need prior to your iMED start date. The cost is $2.70 per day with a minimum premium of $20. In order to purchase coverage to start on your arrival date in Canada we must receive this application and your payment on or before your arrival date. Otherwise, we will start coverage on the date we receive your application and payment.

# of days	X $2.70 per day	$ 0.00 Individual Premium	X 2 (couple rate) or X 2.5 (family rate)	$ Family Premium

④ List your Dependent(s) who need coverage with you: (If applicable)

	Last Name(s)	First Name(s)	Date of Birth:	Relationship:	Gender
1.					◯ Male ◯ Female
2.					◯ Male ◯ Female
3.					◯ Male ◯ Female

⑤ Payment information:

Method of Payment:

◯ E-transfer ◯ Cheque / Money Order (Payable to ***David Cummings Insurance Services Ltd***)

◯ Visa ◯ MasterCard

If you select E-transfer for payment a DCIS representative will contact you with instructions.

PLEASE SEE PAGE 3 TO COMPLETE CREDIT CARD DETAILS AND AUTHORIZATION

⑥ Declaration and Authorization

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, which 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 I arrive in Canada if I apply in advance of, or on 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:

EMAIL APPLICATION TO:
iMedForm@david-cummings.com
or
Fax to (604) 228 - 9807

For more information, please contact us:
David Cummings Insurance Services Ltd.
Tel: 604-228-8816
Toll Free: 1-800-818-3188
Email: iMed@david-cummings.com
Website: **www.david-cummings.com/IMED**

CREDIT CARD AUTHORIZATION FORM

Alternatively, you may call in credit card payment to 604-228-8816

1. Applicant Information

This payment authorization regards the IMED Advance Coverage application for:

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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. PAYMENT BY DEBIT CARD MAY ONLY BE MADE IN PERSON AT OUR OFFICE.

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.