



**Application for Advance Coverage**  
For students who arrive in Canada prior to their iMED start date.



Policy No. PM8686120 Ref: ADVANCE

**① Personal Information**

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

**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.**







<ul style="list-style-type: none"> <li>• Costs are per person if one or two people (including the student) are to be insured.</li> <li>• For 3 or more people including the student, the cost is 2.5 x the individual rate.</li> </ul>			
<input type="radio"/> <b>1. I am a degree student (or two-term exchange student) and will arrive in BC prior to my iMED start date.</b>			
<p>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.</p> <p>X _____ Signature of UBC student</p>			
<p>In order for this application to be approved, we must receive this application with your payment within <b>15 days of your arrival date in Canada</b>. 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 <b>Study Permit after you have arrived in Canada</b>. 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).</p>			
3 month plan – For one individual:	<b>\$234</b> 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 \$2.60 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 \$2.60 per day	Individual Premium	X 2 (couple rate) or X 2.5 (family rate)	\$ Family Premium
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**4 List your Dependent(s) who need coverage with you: (If applicable)**

	Last Name(s)	First Name(s)	Date of Birth:	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

**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:**

[imed@david-cummings.com](mailto:imed@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](mailto:imed@david-cummings.com)

Website: [www.david-cummings.com/IMED](http://www.david-cummings.com/IMED)

# CREDIT CARD AUTHORIZATION FORM

Please complete all fields



## 1. Applicant Information

This payment authorization regards the **IMED Advanced 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.

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Signature of Cardholder

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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.