



Application for Advance Coverage

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



Personal Information

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

Coverage Dates

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

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

1. 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 \$1.40 per day with a minimum premium of \$15. 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.

2. I am a degree student (or two-term exchange student) and will arrive in BC prior to my iMED start date.

I wish to purchase a three month Advance iMED policy (\$120) 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 \$120 iMED policy billed by UBC in my student fees.

Signature of UBC student

In order for this application to be approved, we must receive this application with your \$120 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 fax or mail 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 your for your full waiting period for MSP.

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.				
_____	X \$1.40 per day	_____	X 2 (couple rate) or X 2.5 (family rate)	\$ _____
# of coverage days		Individual Premium		Family Premium
3 month plan	_____	\$120	X 2 (couple rate) or X 2.5 (family rate)	\$ _____
		Individual Cost		Family Cost

Payment information:

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: _____

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

	<u>Last Name(s):</u>	<u>First Name(s):</u>	<u>Birthdate</u> <u>(mm/dd/yyyy):</u>	<u>Gender</u>
1.				
2.				
3.				
4.				
5.				

Declaration:

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 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 _____ Signature: _____
(mm/dd/yyyy):

<p>FAX APPLICATION TO: 604-228-9807 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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