iMED | Application to extend coverage <u>or</u> start a new policy
Ref: EXT

DCIS

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 #:

Canadian Mailing Address:

City:	Province:	Postal Code:

Your eligibility for an extension is determined in part by your location, UBC student status, and occupation 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 effective the day after your current iMED expiry date you must submit this application with your payment to DCIS on or before the expiry date of your current iMED policy.** Otherwise, your application will be processed as a request for a new policy, and **if approved** the new policy would be issued effective no earlier than the date we receive your application and payment.

During the extension period I will: (please check all that apply)
- ☐ continue as a registered student at UBC.
- ☐ be a registered student at a new school.

Name of School:
- ☐ take an employment position at UBC.
- ☐ be a visitor in BC until I return to my home country.
- ☐ will travel in Canada until I return to my home country.
- ☐ will travel outside Canada until I return to my home country.
- ☐ remain in Canada to apply for permanent resident status or for a work permit for employment other than at UBC.
- ☐ Other (please specify):

Where will you be during the extension period you are applying for?	Date that you will return to your home country (mm/dd/yyyy):

My most recent iMED policy will expire on

(mm/dd/yyyy):

The cost of **$82 Canadian Dollars per month is per insured person,** for up to two people including the student are to be insured. For 3 or more people, the cost is 2.5 x the individual rate.

# of coverage months	X	**$82** per month		Individual Premium	X 2 for couple rate X 2.5 for family rate	$ Family Premium

② Dependent Information:

	Last Name(s)	First Name(s)	Date of Birth: (mm/dd/yyyy)	Relationship	Gender
List your Dependent(s) who need coverage with you					
1.					○ Male ○ Female
2.					○ Male ○ Female
3.					○ Male ○ Female

③ Payment information:

Method of Payment: PLEASE COMPLETE PAGE 3 FOR CREDIT CARD DETAILS AND AUTHORIZATION.

○ Interac e-Transfer*   ○ Cheque / Money Order (Payable to *David Cummings Insurance Services Ltd.*)
○ Visa   ○ MasterCard

*If you choose Interac e-Transfer a DCIS representative will contact you with transfer instructions

④ 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 this application is subject to approval by the insurer, or its authorized agent, according to the terms and conditions of the policy, including terms and conditions of eligibility.

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

Email, fax or mail application to DCIS:	For more information, please contact us:
Email: iMedForm@david-cummings.com Fax: 604-228-9807 Mailing address: David Cummings Insurance Services Ltd. Suite 350 – 2083 Alma Street Vancouver, BC V6R 4N6 CANADA	Tel: 604-228-8816 Toll Free: 1-800-818-3188 Fax: 604-228-9807 Email: iMed@david-cummings.com *Please note that service in person at our office is by appointment only.* **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 Extension application for:

_____

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
* <u>DO NOT</u> 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.