



**For International Students at
ISS Language College**

Provided by David Cummings Insurance Services.
Full details about this plan and an online application
form are available at
www.david-cummings.com/issbc
Group Code: ISS

OFFICE USE ONLY

Effective Date: _____
Expiry Date: _____
DP: _____
IDS: _____

BE SURE TO PRINT CLEARLY.

Last Name(s):		Student #
First Name(s):		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (mm/dd/yyyy):	Home Country	Email Address:
Mailing Address In Canada		Telephone in Canada:
		Date you arrive / arrived in Canada: (mm/dd/yyyy):
Select a Coverage Term (Premiums are Per Person in Canadian Dollars. For a family of three or more members, the premium is 2.5 x the individual rate)		
<input type="checkbox"/> 1 Months: \$45	<input type="checkbox"/> 4 Months: \$180	If you wish to apply for a coverage period of more than six months please contact us by telephone or email. Note: For those who are eligible for the BC Medical Services Plan, the Global Campus Health Plan is intended to cover the waiting period for BC MSP.
<input type="checkbox"/> 2 Months: \$90	<input type="checkbox"/> 5 Months: \$225	
<input type="checkbox"/> 3 Months: \$135	<input type="checkbox"/> 6 Months: \$270	

Dependents to be insured with you (See over for definition of Eligible Dependent).

	Last Name(s):	First Name(s):	Birth (mm/dd/yyyy):	Sex (M or F)
1				
2				
3				
4				

Method of Payment

<input type="checkbox"/> Cash/Debit Card (In person only)	<input type="checkbox"/> Cheque (Payable to David Cummings Insurance Services Ltd)	<input type="checkbox"/> Visa / MasterCard
Card No. <input type="text"/>	Expiry Date (mm/yy):	
Cardholder Name:		
Signature of cardholder: X		

Declaration and authorization

I hereby apply for coverage as an Insured Person under the terms and conditions of Master Policy GFRW1062. I understand that my coverage will be effective on the date I arrive in Canada **IF** I purchase on or before that date, otherwise coverage will be effective on the later of the date this application is accepted by the Insurer (or its authorized agent, David Cummings Insurance Services Ltd.) or the date I have requested coverage to start.

I understand that this insurance is designed to cover losses arising from **sudden and unforeseeable circumstances**. I hereby authorize release to the Norfolk Mobility Benefits Inc., or its representative any information, including medical records that is needed to process a claim filed under the policy.

I certify that the above information is true:

Signature of applicant:

Date (mm/dd/yyyy):

Fax your application to: 604-228-9807

Mail your application to:
David Cummings Insurance Services Ltd.
350 – 2083 Alma Street
Vancouver BC V6R 4N6 Canada

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

You must be under age 65 to be eligible for the Global Campus Health Plan

Eligible Dependents include:

- a) The spouse of an Insured Person (but excluding those legally separated), and under the age of 65.
- b) Unmarried children, step-children, foster children and legally adopted children, who are dependant on the Insured Person for support, provided that such children are not less than 15 days old and not more than 18 years old at the date the Policy was purchased (or 24 years old provided it can be proved that the child is continuing in full-time education). Children, regardless of age, are deemed eligible if they are mentally or physically handicapped, require the assistance of the insured for support and residing with the Insured.



Provided by

Top Quality Health Insurance *at a Student Price*

For assistance call 604-228-8816, or write to info@david-cummings.com

For plan information and to buy using the Secure Online Form, visit

www.david-cummings.com/issbc