For International students, faculty, and staff at Simon Fraser University International
Master Policy No. GFRW1062

OFFICE USE ONLY
Effective Date: _____
Expiry Date: _____
DP: _____
IDS: _____

Last Name(s):		
First Name(s):		
Date of Birth (mm/dd/yyyy):	❒ Male ❒ Female	Indicate your type of SFU affiliation: ❒ Student ❒ Faculty ❒ Staff
Student # / Employee # (if applicable)		**Campus**: ❒ Burnaby ❒ Surrey ❒ Harbour Centre ❒ Other
Canadian Mailing Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Date of Arrival in Canada (mm/dd/yyyy):		Home Country:

Select a policy length:			
	❒ 1 Month : $ 40 ❒ 2 Months: $ 80 ❒ 3 Months: $120	❒ 4 Months: $160 ❒ 5 Months: $200 ❒ 6 Months: $240	If you wish to apply for a coverage period of more than six months please contact us by telephone or email.

Dependants: (please use a separate page if you have more than 3 eligible dependants)

	Last Name(s):	First Name(s):	Birth (mm/dd/yyyy):	Gender:
1.				
2.				
3.				

Premium Calculation: If you are applying with *only 1* dependent, multiply individual premium **x 2**. If you are applying with *2 or more* dependents, multiply the individual rate **x 2.5** for the family rate.

$_____ x _____ = $_____
Individual Premium (x 1, x 2, or x 2.5) Total Premium

❒Cash (Do not mail) ❒Cheque / Money Order (Payable to David Cummings Insurance Services)
❒Visa ❒MasterCard

Card Number:	Expiry Date (mm/yy):
Cardholder Name:	

I hereby apply for coverage as an Insured Person under Master Policy GFRW1062. I understand that my coverage will be effective on the date of arrival in Canada provided I register within 15 days of that date, otherwise coverage will be effective on the date this application is accepted by the Insurer, or its authorized agent, David Cummings Insurance Services Ltd. I authorize David Cummings Insurance Services Ltd. to inform Simon Fraser University about the details and status of my insurance coverage. I authorize the release of medical information to Norfolk Mobility Benefits Inc. in the event such information is needed to process a claim.

I certify that the above information is true:

Signature:	Date (mm/dd/yyyy):

SUBMIT APPLICATION TO:
David Cummings Insurance Services Ltd.
Fax: 604-228-9807
350 – 2083 Alma St., Vancouver BC, V6R 4N6

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
www.david-cummings.com/sfu

Rev 10/15/2009