



SFU Basic Plan

For international students, faculty, and staff at the
Simon Fraser University

Group Code: SFU-Basic

OFFICE USE ONLY

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

① About You

BE SURE TO PRINT CLEARLY

Last (Family) Name:	Indicate your type of SFU affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other	Student or Employee #:
First Name(s):	_____ SFU Department / description re: 'Other' affiliation	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: (example: 01/31/1984)	Telephone in Canada:	
Email Address:	When did you arrive in Canada: (example: 01/31/2011)	Home Country:

② Coverage Period and Cost Calculation

<input type="checkbox"/> Daily Rate: \$1.40 per day Effective Date: _____ Expiry Date: _____ # of Days **: _____ ** Include both the effective date and expiry date when counting # of days or leave blank	<ul style="list-style-type: none"> The prices listed are for one person. Minimum purchase is 30 days. For couples the premium is 2 x the individual rate. For a family of 3 or more members, it is 2.5 x the individual rate. Are you in BC with a Study or Work Permit for 6+ months? Buy insurance to cover the 3-month waiting period for BC Medical Services Plan. Will you study in BC for less than 6 months? Buy insurance for the duration of your study program.
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③ Dependents to be insured with you

	Last Name(s)	First Name(s)	Date of Birth (eg. 01/31/1984)	Relationship (Spouse/child)	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

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date (mm/yy):	
Cardholder Name:		
Signature of cardholder: X		

⑤ Declaration and authorization

I hereby apply for coverage as an Insured Person under the terms and conditions of GCHP SFU Basic. I understand that my 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 TIC, or its representative any information, including medical records that is needed to process a claim filed under the policy.

I authorize David Cummings Insurance Services Ltd. to advise Simon Fraser University of the status of my insurance.

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 www.david-cummings.com/sfu
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You must be under age 65 to be eligible for the Global Campus Health Plan – SFU Basic

Eligible Dependents include:

- a) the student's legally married spouse or a person with whom the student has been cohabitating in a common-law relationship for at least twelve (12) consecutive months prior to the date of application, and/or
- b) any unmarried children residing with the student, who are 15 days of age to under age 21 and dependent upon the student for their sole means of support. Dependents are covered only when family coverage is selected and paid for at the time of application.

The Global Campus Health Plan covers unexpected emergencies due to sickness or injury.

The Lifetime maximum coverage limit is \$2,000,000 Canadian Dollars.

Eligible expenses are reimbursed at 100%, with no deductible.

Summary of what is covered under Global Campus Health Plan – SFU Basic

- Hospitalization
- Services of a legally qualified physician, surgeon, or registered nurse
- Diagnostic, x-ray, & laboratory services
- Prescription medication
- Local ambulance service
- Medical equipment and supplies
- Paramedical Services
- Maternity Care during the first 32 weeks of pregnancy, if pregnancy begins during the GCHP SFU Basic policy
- Emergency Dental Care Treatment in the event of an accident or the sudden onset of acute dental pain
- Return to your home country if required due to your illness or injury
- Accidental Death or Disablement
- Repatriation of mortal remains or local burial / cremation in the event of death



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, visit

www.david-cummings.com/sfu