



**For International students,
faculty, and staff at the
University of British Columbia**
Master Policy No. GFRW1062

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

LAST Name(s):		Indicate your type of UBC affiliation:	
First Name(s):		<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other	
Date of Birth (mm/dd/yyyy):		<input type="checkbox"/> Male <input type="checkbox"/> Female	UBC Department / description re: 'Other' affiliation _____ Student / Employee #
Canadian Mailing Address:			
City:	Province:	Postal Code:	
Phone:	Email:		
Date of Arrival in Canada (mm/dd/yyyy):		Home Country:	
<p>The Global Campus Health Plan Advantage</p> <p>Coverage on the Global Campus Health Plan will start on the date of your arrival in Canada if we receive your application either before you arrive in Canada, or within 15 days of your arrival in Canada. If we receive your application <i>before you depart from your home country</i>, you will also be covered (at no extra charge) while you travel to your study destination provided that your travel time is 10 days or less. If we receive your application after your 15th day in Canada, your coverage will start on the date we accept your application and payment.</p>			
Selection of Coverage (Canadian dollars, X 2.5 for a family):			
This plan is designed to cover people who are waiting for coverage on the BC Medical Services Plan. UBC students who will not qualify for MSP may purchase coverage for the duration of their study term.		<input type="checkbox"/> 1 Month: \$40 <input type="checkbox"/> 2 Months: \$80 <input type="checkbox"/> 3 Months: \$120 <input type="checkbox"/> 4 Months: \$160 <input type="checkbox"/> 5 Months: \$200 <input type="checkbox"/> 6 Months: \$240	
New International Students at UBC will automatically be enrolled for coverage under the iMED Plan. See www.david-cummings.com/iMED .		Contact DCIS if you wish to inquire about purchasing a longer policy.	

Dependant Information:

	First Name(s):	Last Name(s):	Birth (mm/dd/yyyy):	Sex
1.				
2.				
3.				
4.				
5.				

Method of Payment

<input type="checkbox"/> Cash (Do not mail) <input type="checkbox"/> Cheque / Money Order (Payable to David Cummings Insurance Services Ltd)	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Card Number:	Expiry Date (mm/yy):
Cardholder Name:	
<p>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.</p> <p>I certify that the above information is true:</p>	
Signature:	Date (mm/dd/yyyy):
Fax your application to: 604-228-9807 Mail or bring your application to: DCIS 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.