



**For international students,  
faculty, and staff at  
University of British Columbia**  
Master Policy No. GFRW1062      Group Code: UBC

<b>OFFICE USE ONLY</b>	
Effective Date:	_____
Expiry Date:	_____
DP:	_____
IDS:	_____

**① About You**

**BE SURE TO PRINT CLEARLY**

Last (Family) Name:		Indicate your type of UBC affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other	Student or Employee #:	
First Name(s):			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (example: 01/31/1984):		Email Address:		
<b>How do you want your insurance documents sent to you?</b> <input type="checkbox"/> Email them to my email address above -OR- <input type="checkbox"/> Mail them to my Canadian Mailing address: _____ _____ City: _____ Prov: _____ Postal Code: _____		Telephone in Canada:		
		When did you arrive in Canada (example: 01/31/2011):		
		Home Country:		

**② Choose**

<input type="checkbox"/> 1 Month: \$60 <input type="checkbox"/> 2 Months: \$120 <input type="checkbox"/> 3 Months: \$180 <input type="checkbox"/> 4 Months: \$240 <input type="checkbox"/> 5 Months: \$300 <input type="checkbox"/> 6 Months: \$360	<ul style="list-style-type: none"> <li>The prices listed are for one person.</li> <li>Select a Coverage Term (Premiums are Per Person in Canadian Dollars. For <b>couples</b> the premium is 2 x the individual rate. For a <b>family of 3 or more members</b>, it is 2.5 x)</li> <li>If you study for more than six months in British Columbia with a valid study permit, you may be eligible for the BC Medical Services Plan (MSP).</li> </ul>
--	---

**③ Dependents to be insured with you (See over for definition of Eligible Dependent).**

	Last Name(s)	First Name(s)	Date of Birth (eg. 01/31/1984)	Relationship (Spouse/child)	Gender
1					<input type="checkbox"/> Male <input type="checkbox"/> Female
2					<input type="checkbox"/> Male <input type="checkbox"/> Female
3					<input type="checkbox"/> Male <input type="checkbox"/> 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 Master Policy GFRW1062. I understand that my coverage will be effective on the date I arrive in Canada **IF** I purchase on or before my fifteenth (15<sup>th</sup>) day in Canada, 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 MSH International (Canada) Ltd., 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): \_\_\_\_\_

<b>Fax your application to: 604-228-9807</b> Mail your application to: David Cummings Insurance Services Ltd. 350 – 2083 Alma Street Vancouver BC V6R 4N6   Canada	For more information, please contact us: <b>David Cummings Insurance Services Ltd.</b> Tel: 604-228-8816 Toll Free: 1-800-818-3188 Email: info@david-cummings.com <a href="http://www.david-cummings.com/ubccampus">www.david-cummings.com/ubccampus</a>
--	---

## **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.

**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 - Premier**

- 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 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

### **Special Features under Global Campus Health Plan – Premier**

- Unforeseen emergency relating to a pre-existing medical condition is covered. (Routine care of a pre-existing medical condition is not covered).
- Purchase your policy before departing your home country and at no extra cost you can be covered as you travel from your home country to your study location, if your total travel time is 10 days or less.



Provided by

**Top Quality Health Insurance *at a Student Price***

For assistance call 604-228-8816, or write to [info@david-cummings.com](mailto:info@david-cummings.com)

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

[www.david-cummings.com/ubccampus](http://www.david-cummings.com/ubccampus)