



**For students studying at  
Vancouver Island University**  
Master Policy No. GFRW1062  
Group Code: VIU

**OFFICE USE ONLY**

Effective Date: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_  
DP: \_\_\_\_\_  
IDS: \_\_\_\_\_

**BE SURE TO PRINT CLEARLY.**

Last Name(s):	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name(s):	Home Country:
Date of Birth (mm/dd/yyyy):	Telephone in Canada:
Email:  *Your email address is required so that we can send your ID Card to you and in case we need to contact you regarding your application or payment.	Date of arrival in BC/Canada (mm/dd/yyyy):
<b>Selection of Coverage Term (Premiums are in Canadian Dollars. For a family of 3 or more members, the premium is 2.5 x the individual rate)</b>	
<input type="checkbox"/> 3 Months: \$135 <input type="checkbox"/> 8 Months: \$360 <input type="checkbox"/> 4 Months: \$180 <input type="checkbox"/> 9 Months: \$405 <input type="checkbox"/> 5 Months: \$225 <input type="checkbox"/> 10 Months: \$450 <input type="checkbox"/> 6 Months: \$270 <input type="checkbox"/> 11 Months: \$495 <input type="checkbox"/> 7 Months: \$315 <input type="checkbox"/> 12 Months: \$540	Students who will study for more than six months in British Columbia with a valid study permit may be eligible for the BC Medical Services Plan (MSP) after living in British Columbia for three consecutive months.

**Dependant Information: (Husband, Wife or Children with you in Canada)**

	First Name(s):	Last Name(s):	Birth (mm/dd/yyyy):	Sex
1.				

**Method of Payment**

<input type="checkbox"/> Cash (In person only)	<input type="checkbox"/> Debit Card (In person only)
<input type="checkbox"/> Visa / MasterCard	<input type="checkbox"/> Cheque (Payable to David Cummings Insurance Services Ltd)
Card Number:	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 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 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](mailto:info@david-cummings.com)  
[www.david-cummings.com/viu](http://www.david-cummings.com/viu)