Custom Order for Eligible Dependents

iMED

DCIS
David Cummings Insurance Services

Ref: IFAM

① Personal Information:

IMED Student's Last Name(s):	
IMED Student's First Name(s):	

Date of Birth (mm/dd/yyyy):	Student #:
Email Address (required to send confirmation of insurance):	Daytime Phone #:

Canadian Mailing Address:

City:	Province:	Postal Code:

Important Notes:

1) Student information gathered above is for reference only so that we may confirm that your dependents are eligible for coverage and so that we can match their record with yours. Coverage purchased using this application is **for your dependents named below only**.
2) You may only purchase IMED coverage for your dependents if you (the student):
   a) are (or have been) insured under the same IMED Group Policy.
   b) are registered as a student at UBC during the dates your dependents are covered.
3) You will be notified if we determine that your dependents are not eligible for IMED coverage and if so we will inform you of other health insurance options available to them.

Coverage will be made effective from the date your dependents arrive in Canada **if** we receive this application either before they arrive in Canada, or within 15 days of their arrival in Canada. Otherwise coverage will begin on the date your application and payment are accepted by the Insurer or its authorized agent, David Cummings Insurance Services Ltd.

Dependents' arrival date in Canada	Dependents' arrival date in BC (if different to the arrival date in Canada)
(mm/dd/yyyy):	(mm/dd/yyyy)

Select the number of months you want your dependents to have coverage.
Rates are per dependent for 1 or 2. For 3 or more dependents, cost is 2.5 x the individual rate.

○ 1 Month: $82 ○ 2 Months: $164 ○ 3 Months: $246	If you <u>wish to purchase more than 3 months coverage</u> please write to: **iMedForm@david-cummings.com**	**Total Premium**: $

② Dependent Information:

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

The Home Country of your dependents is:

③ Method of Payment:

○ Visa   ○ Interac e-Transfer from a CANADIAN bank to **payment**@david-cummings.com
○ MasterCard   ○ International Bank Wire (add $25 admin fee) DCIS will provide bank details

If you select payment by Credit Card, DCIS will email a MONERIS Payment Request with link to the online payment form

④ Declaration and Authorization:

I certify that the above information is true and hereby apply for coverage for the Eligible Dependents named on this application.

I understand the policy has limitations and exclusions and that it is my responsibility to read the policy wording. I hereby authorize release of any information, including medical records that are needed to process a claim filed under this policy, in conjunction with the purchase of this policy, to MSH International (Canada) Ltd. or its representative.

I understand that the coverage will be effective on the date my Eligible Dependents arrive 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.

Signature: Date (mm/dd/yyyy):

Email this application form to:
iMedForm@david-cummings.com
or FAX 604-228-9807 or MAIL to: David Cummings Insurance Services Ltd.
350 – 2083 Alma Street
Vancouver BC V6R 4N6   Canada

For more information, please contact:
David Cummings Insurance Services Ltd.
Tel: 604-228-8816   Fax: 604-228-9807
Toll Free: 1-800-818-3188
Email: **imed@david-cummings.com**
Website: www.david-cummings.com/iMED