Add eligible family to iMED form

Ref: IFAM - PM8686125

David Cummings Insurance Services

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 while you (the student):
   a) remain insured under the same IMED Group Policy, and
   b) remain registered as a student at UBC.
3) The latest possible **effective date** for Dependent coverage is **August 31, 2026**
4) The longest possible Dependent coverage period requested in August 2026 is 3 months, but Dependent coverage cannot extend beyond the sponsoring student's iMED policy.

5) An application to add an eligible dependent to your iMED policy will only be considered if we receive the application **prior to the dependent's date of arrival in Canada**. If your dependent is not eligible to be added to your iMED coverage please inquire with David Cummings Insurance Services Ltd. about other health insurance options.

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

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

❍ 1 Month: $82 ❍ 2 Months: $164 ❍ 3 Months: $246	An agent of David Cummings Insurance Services Ltd. will advise if and for what duration your dependent(s) are eligible, and will confirm premium due.	**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 Credit Card, DCIS will email a payment request with link to our MONERIS 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 for this application for dependent coverage to be considered it must be received by David Cummings Insurance Services Ltd. **prior to my Eligible Dependent's date of arrival in Canada**.

Signature: Date (mm/dd/yyyy):

Email this application form to:
imedform@david-cummings.com or
SUBMIT IT ONLINE using the
DCIS Contact Form at the iMED website

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