



Application to add Dependents to Same Coverage Dates as the International Student

Ref: IFAM - 2025/2026



1. PERSONAL INFORMATION

IMED Student's Last Name(s):

IMED Student's First Name(s):

Date of Birth (mm/dd/yyyy):

Student Number:

Email Address:

Daytime Phone Number:

Note : student information is gathered for reference only. Coverage purchased is for dependents named below only.

Coverage Dates: By using this enrolment form, you are applying to have your Eligible Dependents named below added to your iMED policy. We (DCIS) must receive your application (with payment) for dependent coverage **within 15 days of the date your Dependents arrive in Canada**, otherwise:
a) the earliest Coverage Start Date would be the date your application (with payment) is received by David Cummings Insurance Services Ltd.
b) if the date of application were to fall in a calendar month AFTER your iMED Start Date, then you would need to apply for an iMED "Custom Order for Eligible Dependents."

Study Program Type	Coverage Period **	Cost for 1 Dependent	Cost for 2 or more Dependents
Degree Program Starting Winter Term 1	Aug. 1 st , 2025 – Oct. 31 st , 2025 (To cover BC MSP waiting period)	\$246	\$369
Degree Program Starting Winter Term 2	Dec. 1 st , 2025 – Feb. 28 th , 2026 (To cover BC MSP waiting period)	\$246	\$369
Exchange Winter Term 1 only	Aug. 26 th , 2025 – Jan. 2 nd , 2026	\$351	\$527
Exchange Winter Term 2 only	Dec. 23 rd , 2025 – May 1 st , 2026	\$351	\$527
Exchange Winter Terms 1+2	Aug. 1 st , 2025 – Oct. 31 st , 2025 (To cover BC MSP waiting period)	\$246	\$369
Degree Program Starting Summer Term 1	Apr. 1 st , 2026 – Jun. 30 th , 2026 (To cover BC MSP waiting period)	\$246	\$369
Degree Program Starting Summer Term 2	Jun. 1 st , 2026 – Aug. 31 st , 2026 (To cover BC MSP waiting period)	\$246	\$369

** Within the coverage periods listed above, coverage takes effect on the date of arrival in Canada, or on a later date when not eligible for coverage starting on date of arrival in Canada.

2. DEPENDENT INFORMATION:				
Home Country of Dependent:				
	Last Name(s)	First Name(s)	Date of Birth (mm/dd/yyyy)	Relationship:
1				
2				
3				
Date Dependents arrive in Canada (mm/dd/yyyy):			Date Dependents arrive in BC (mm/dd/yyyy):	

3. METHOD OF PAYMENT:
<ul style="list-style-type: none"> • Credit Card (MasterCard or Visa)** • Interac E-transfer from a CANADIAN bank to payment@david-cummings.com • International Bank Wire (add \$25 admin fee) - DCIS will provide bank details <p>**If you select payment by Credit Card, DCIS will email a MONERIS Payment Request with link to the secure online payment authorization form.</p>

4. DECLARATION AND AUTHORIZATION		
<p>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.</p> <p>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.</p> <p>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.</p>		
<table border="1"> <tr> <td>Signature:</td> <td>Date (mm/dd/yyyy):</td> </tr> </table>	Signature:	Date (mm/dd/yyyy):
Signature:	Date (mm/dd/yyyy):	

<p>Email this application form to:</p> <p>imedform@david-cummings.com or SUBMIT IT ONLINE using the DCIS Contact Form at the iMED website</p>	<p>For more information, please contact us:</p> <p>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</p>
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