



Application to extend coverage

Ref: EXT



① Personal Information:

iMED Student's Last Name(s):

iMED Student's First Name(s):

Date of Birth (mm/dd/yyyy):

Student #:

Email: (required to send confirmation of coverage)

Daytime Phone #:

Canadian Mailing Address:

City:

Province:

Postal Code:

Your eligibility for an extension is determined in part by your location, UBC student status, and occupation during the extension period. The same factors will determine the length of extension that you are eligible for. An insurance agent from DCIS will contact you if you are not eligible for the number of months that you are applying for. **To qualify for an extension of coverage effective the day after your current iMED expiry date you must submit this application with your payment to DCIS on or before the expiry date of your current iMED policy.**

During the extension period I will: (please check all that apply)

☐ continue as a registered student at UBC.

☐ be a registered student at a new school.

Name of School:

☐ take an employment position at UBC.

☐ be a visitor in BC until I return to my home country.

☐ will travel in Canada until I return to my home country.

☐ will travel outside Canada until I return to my home country.

☐ remain in Canada to apply for permanent resident status or for a work permit for employment other than at UBC.

☐ Other (please specify):

Where will you be during the extension period you are applying for?

Date that you will return to your home country (mm/dd/yyyy)

My most recent iMED policy will expire on

(mm/dd/yyyy):

The cost of **\$82 Canadian Dollars per month is per insured person**, if up to two people including the student are to be insured. For a family of 3 or more people, the cost is 2.5 x the individual rate.

# of coverage monthsX	\$82 per month	Individual Premium	X 2 for couple rate X 2.5 for family rate	\$ Family Premium
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② Dependent Information:

List your Dependent(s) who need coverage with you				
	Last Name(s)	First Name(s)	Date of Birth: (mm/dd/yyyy)	Relationship
1.				
2.				
3.				

③ Payment information:

Method of Payment:	
<input type="radio"/> Interac e-Transfer*	*A DCIS representative will contact you with e-transfer instructions
<input type="radio"/> Credit Card (Visa, MasterCard, or American Express)	
If you select payment by Credit Card, DCIS will email you a Payment Request with a link to our MONERIS online payment form.	

④ Declaration and Authorization

<p>I certify that the above information is true and hereby apply for coverage. 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, which 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 this application is subject to approval by the insurer, or its authorized agent, according to the terms and conditions of the policy, including terms and conditions of eligibility.</p> <p>Application Date (mm/dd/yyyy): _____ Signature: _____</p>	
<p>Email this application form to: imedform@david-cummings.com or</p> <p>Submit it Online using the DCIS Contact Form at the iMED website</p>	<p>For more information, please contact us: Tel: 604-228-8816 Toll Free: 1-800-818-3188 Email: iMed@david-cummings.com <i>Please note that service in person at our office is by appointment only.</i> www.david-cummings.com/iMED</p>