



## Application for Advance Coverage

For students who arrive in Canada prior to their iMED start date.



Ref: ADVANCE

### ① Personal Information

Last (Family) Name:	First Name:	Student Number:
Email address:	Date of Birth (mm/dd/yyyy):	Telephone #:
Date studies will begin / began at UBC(Month/Year):	Program type:  <input type="radio"/> Degree <input type="radio"/> Exchange (one term)  <input type="radio"/> Exchange (two term) <input type="radio"/> Other:	

### ② Your Arrival Date in BC/Canada

Arrival date in Canada (mm/dd/yyyy):	Arrival date in BC (mm/dd/yyyy):
Home Country:	

### ③ Advance iMED – Purchase Options – Please check the option that applies to you.

- Costs are per person if one or two people (including the student) are to be insured.
- For 3 or more people including the student, the cost is 2.5 x the individual rate.

☐ **OPTION 1. I am a degree student (or two-term exchange student) and will arrive in BC prior to my iMED start date.**

I wish to purchase a three month Advance iMED policy to be covered during the waiting period before I am eligible for the BC Medical Services Plan (MSP). In so doing I wish to opt out of the iMED policy billed by UBC in my student fees.

X \_\_\_\_\_  
Signature of UBC student

In order for this application to be approved, we must receive this application with your payment within **15 days of your arrival date in Canada**. Otherwise, your coverage will take effect as of the date we receive and approve your application and payment. In order for your Opt Out to be completed and the iMED fee credited back to your UBC financial account, you must email us (DCIS) a copy of your **Study Permit after you have arrived in Canada**. We need this as proof that your Advance iMED policy will cover you for your full waiting period for MSP.

3 month plan – For one individual:	<b>\$246</b> Individual Cost	X 2 (couple rate) or X 2.5 (family rate)	\$ Family Cost
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☐ **OPTION 2. I am a one-term exchange student and will arrive earlier than my iMED start date.**

Calculate the extra coverage days you need prior to your iMED start date. The cost is \$2.70 per day with a minimum premium of \$20. In order to purchase coverage to start on your arrival date in Canada we must receive this application and your payment **on or before your arrival date**. Otherwise, your coverage will take effect as of the date we receive and approve your application and payment.

# of days	X \$2.70 per day	Individual Premium	X 2 (couple rate) or X 2.5 (family rate)	\$ Family Premium
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**④ List your ELIGIBLE Dependent(s) who need coverage with you: (If applicable)**

	Last Name(s)	First Name(s)	Date of Birth:	Relationship:
1.				
2.				
3.				

**⑤ Payment information:**

**Method of Payment:**

☐ **Interac E-transfer** from a Canadian Bank - DCIS will email you to confirm amount with e-transfer instructions.

**Credit Card** (Visa, MasterCard, or American Express) - DCIS will send you a Payment Request email with a link to the MONERIS online payment form.

**⑥ Declaration and Authorization**

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. 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. I understand that the coverage will be effective on the date I arrive in Canada if I apply in advance of, or on that date. Otherwise I understand that coverage will be effective on the date this application is accepted by the Insurer, or its authorized agent, David Cummings Insurance Services Ltd.

Application Date (mm/dd/yyyy):

Signature:

EMAIL APPLICATION TO:  
[imedform@david-cummings.com](mailto:imedform@david-cummings.com) or  
SUBMIT IT ONLINE using the  
**DCIS Contact Form** at the iMED website

For more information, please contact us:  
David Cummings Insurance Services Ltd.  
Tel: 604-228-8816  
Toll Free: 1-800-818-3188  
Email: [iMed@david-cummings.com](mailto:iMed@david-cummings.com)  
Website: [www.david-cummings.com/iMED](http://www.david-cummings.com/iMED)