



DCIS Comprehensive Plan

For International Students attending
City University in Canada

Group Code: DCIS-Comprehensive Plan

OFFICE USE ONLY	
Effective Date:	_____
Expiry Date:	_____
DP:	_____
IDS:	_____

① About you (the student)

PLEASE PRINT CLEARLY

Last (family) Name:	Student #	School Name:
First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Campus Address:
Date of Birth (example: 01/31/1996):	Home Country:	Telephone in Canada:
Email address:	Your date of arrival in Canada (example: 01/31/2017):	

② Coverage Dates, Rates, and Cost Calculation:

Coverage Start Date Requested	(MM/DD/YYYY):
Coverage End Date	(MM/DD/YYYY):
Total Coverage Days (Include the start and end dates in the calculation)	days <i>Note: Minimum of 30 days</i>
Rates: \$1.60/day for the Student Applicant + \$2.20/day for EACH dependent (list each eligible dependent in Section 3 below)	
A. Cost for the primary applicant (the student) = _____ # coverage days X \$1.60 = \$ _____	
B. Cost for dependents = _____ # of coverage days x \$2.20 x _____ # of dependents = \$ _____ (if applicable)	
C. Total Cost = A + B = \$ _____	

③ List Dependents IF applying for them to be insured with you in Canada (See page 2 for definition of Eligible Dependent).

	Last Name(s)	First Name(s)	Date of Birth (eg. 01/31/1996)	Relationship (Spouse/child)	Gender
1					<input type="checkbox"/> Male <input type="checkbox"/> Female
2					<input type="checkbox"/> Male <input type="checkbox"/> Female
3					<input type="checkbox"/> Male <input type="checkbox"/> Female

④ Method of Payment

CREDIT CARD: See page 3 for credit card details and authorization
CASH or DEBIT card: <u>In person only</u> at the DCIS office address below
CHEQUE: Make cheque payable to David Cummings Insurance Services Ltd.

⑤ Declaration and authorization

I hereby apply for coverage as an Insured Person under the terms and conditions of GCHP Enhanced Plan. I understand that my coverage will be effective on the later of the date this application is accepted by the Insurer (or its authorized agent, David Cummings Insurance Services Ltd.) or the date I have requested coverage to start. I understand that this insurance is designed to cover losses arising from **sudden and unforeseeable circumstances**. I hereby authorize release to Allianz Global Assistance, or its representative any information, including medical records that is needed to process a claim filed under the policy.

I certify that the above information is true:

Signature of applicant:

Date (mm/dd/yyyy):

Email your application to:
info@david-cummings.com

Or mail your application to:

David Cummings Insurance Services Ltd.
350-2083 Alma Street, Vancouver BC V6R 4N6 Canada

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





Global Campus Health Plan (GCHP) covers emergency medical care for *unexpected incidents of sickness, accident, or injury.*

The Lifetime maximum coverage limit is \$2,000,000 Canadian Dollars. Eligible expenses are reimbursed at 100%, with no deductible.

DCIS COMPREHENSIVE PLAN benefits*

- Hospitalization
- Services of a legally qualified physician, surgeon, or registered nurse
- Diagnostic, x-ray, & laboratory services
- Prescription medication, Medical equipment and supplies
- Local ambulance service
- Paramedical Services
- Emergency Maternity Care (for a pregnancy that begins during the coverage period) up to the 32nd week of pregnancy
- Emergency Dental Care Treatment in the event of an accident or the sudden onset of acute dental pain
- Return to your home country if medically required due to your covered illness or injury
- Accidental Death or Disablement
- Repatriation of mortal remains or local burial / cremation in the event of death

* THIS IS A SUMMARY ONLY. For the full terms and conditions of coverage please refer to the [DCIS Comprehensive Plan](#) policy wording.

Note: the policy has an exclusion regarding pre-existing medical conditions.

A note about Provincial Government Health Insurance

Certain Canadian Provinces deem international students to be *temporary residents* if they enter the Province on a study permit for an education program of requisite duration. In such cases, qualifying study permit holders become eligible for **Provincial Government Health Care** in their Province of residence, and coverage usually starts after a three month waiting period. Students who are eligible to enroll for Provincial Health Care should do so as soon as possible after arriving in Canada. Global Campus Health Plan is intended to cover the waiting period for Provincial Health Care, and is not intended to replace Provincial Health Care. Students who are not eligible for Provincial Health Care are recommended to purchase Global Campus Health Plan for the duration of their studies in Canada.

To be eligible for coverage a person must:

- a) be a student; or
- b) be a dependent of such eligible student, all of whom live together in the same residence as the insured student; and
- c) be currently in good health; and
- d) be less than 65 years of age; and
- e) not be insured under a Canadian government health insurance plan (GHIP) at time of application. Once insured for benefits under a GHIP plan, non-GHIP benefits under this policy will continue until the end of the policy term.

Student means a person

- a) whose country of origin is not Canada and who is residing in Canada on a temporary basis; and
- b) who regularly attends school, college, university, or other accredited educational institution in Canada; and
- c) who remains in Canada for up to one year immediately after completion of studies as described under a) to c) of this definition, and who is working or has applied to work in a field related to the studies completed.

Dependent(s) means:

- a) your legally married spouse or a person with whom you have been cohabitating in a common-law relationship for at least 12 consecutive months prior to the date of application; and/or
- b) any unmarried children residing with you, who are more than 15 days of age and age 21 or under and dependent upon you for their sole means of support.

Dependents are covered only when dependent coverage is **selected and paid for at the time of application.**

How will I get my insurance documents?

David Cummings Insurance Services Ltd. (DCIS) will email your **insurance ID card** as a .pdf document to the email address you provide on this application form. A link to the Global Campus Health Plan website will be included in your welcome email. At the GCHP website you can read about how to use your insurance, as well as download the **DCIS Comprehensive Plan** insurance policy, and the medical claim form.



GCHP plans are provided exclusively through: **David Cummings Insurance Services Ltd.**

Claims Administration and 24/7 Emergency Assistance are provided by **Allianz Global Assistance**. The coverage is underwritten by **CUMIS General Insurance Company**, a member of *The Co-operators group of companies*.

Contact DCIS for more information at info@david-cummings.com
Tel (604) 228 8816 or 1 800 818 3188 toll free in Canada and USA

CREDIT CARD AUTHORIZATION FORM

Please complete all fields



1. Applicant Information

This payment authorization regards the Global Campus Health Plan application for:

Name of Primary Applicant (Person to be insured)

2. Payment Authorization

CREDIT CARDS ACCEPTED



VISA AND MASTERCARD CREDIT CARDS* FROM CANADIAN AND MOST NON-CANADIAN BANKS ARE ACCEPTED
* DO NOT ENTER A VISA-DEBIT OR MASTERCARD-DEBIT CARD NUMBER ON THIS FORM. PAYMENT BY DEBIT CARD MAY ONLY BE MADE IN PERSON AT OUR OFFICE.

Credit Card Number _____

Card Expiry Date (month & year) _____ Secure CVV code (see below) _____

Cardholder Name (as it appears on card) _____

I hereby authorize DAVID CUMMINGS INSURANCE SERVICES LTD. to charge my credit card listed above with the amount of premium due to process the attached insurance application.

Signature of Cardholder

Date

What is a secure CVV code?

The secure CVV (customer verification value) code is a 3 or 4 digit code printed on your credit card. We require this code as a security measure to our clients. Requiring this information helps to ensure that the credit card is present at the time of purchase. If you cannot find this code, or it is illegible, please contact your credit card issuer.