

Temporary Medical Insurance for International Students studying Full-Time in Canada, from the Health Insurance Specialists at



Plan for Full-Time students:

"International Students to Canada Plan" from Allianz Global Assistance

Summary of 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
- Maternity Care, for a pregnancy with a due date that is at least 10 months after the policy effective date
- 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
- Medical Evacuation / Repatriation

*For the full terms and conditions of coverage please refer to the policy wording.

Please note:

1. This plan excludes any pre-existing medical condition that did not meet the policy definition of STABLE during the 90 days prior to the policy effective date.
2. Any **sickness** that manifests itself during the 48-hour waiting period is not covered even if expenses are incurred after the 48-hour waiting period.

A note about Provincial Government Health Insurance

Certain Canadian Provinces deem international students to be eligible for **Provincial Government Health Insurance** if they enter the Province on a study permit for an education program of requisite duration. Students who are eligible to enroll for Provincial Health Care should do so as soon as possible after arriving in Canada, while using temporary emergency medical insurance to cover the *waiting period* for Provincial Health Care. Students who are not eligible for Provincial Health Care are recommended to purchase emergency medical insurance 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 child or the spouse of an eligible insured student; and
- c) as of the effective date, be less than 60 years of age; and
- d) not be insured or eligible for benefits under a Canadian government health insurance plan; and
- e) be in good health at the time you purchase your policy and on the effective date, and know of no reason to seek treatment or medical consultation during the period of coverage.

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: i) is registered at a school, college, university or other governmentally accredited educational institution in Canada and attends classes as a full-time student, as defined by the institution; or ii) remains in Canada for up to one year immediately after completion of studies as described above, and who is working or has applied to work in a field related to the studies completed.

Spouse means a person less than 60 years of age, who:

- a) is legally married to you; or is
- b) a person who has been living with you in a common-law relationship for a period of at least 12 consecutive months

Dependent children means your unmarried children who:

- a) reside with you; and
- b) are financially dependent on you; and
- c) are at least 15 days old and no more than 21 years old

How to apply for coverage:



Contact David Cummings Insurance Services at info@david-cummings.com
Tel (604) 228-8816, or
1-800-818-3188 toll free in Canada & USA

How will I get my insurance documents?

DCIS will email your **Insurance ID card** as a pdf document to the email address you provide on this application form, along with a copy of the insurance policy and the medical claim form.

About the insurance company



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



Allianz Global Assistance "International Students Plan"
 Emergency Medical Insurance for students registered & attending
 a **full-time** program at **Regent College**. If you are
 unsure whether or not you are considered a full time student
 please email international@regent-college.edu

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

① About you (full-time student or recent grad) Confirm your eligibility category:

BE SURE TO PRINT CLEARLY

Last (family) Name:	Registered Student attending a FULL-TIME program in Canada.	Full-Time students and recent grads must answer: Date classes begin/began:
First Name:	Recent Grad of Canadian school, remaining in Canada to work in field of completed studies	
Date of Birth: mm/dd/yyyy: Sex: Male Female	Date of arrival in Canada:	Country of Origin* <small>*Residence prior to Canada</small>
Email address:	Telephone # in Canada	Mailing address in Canada

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 Note: Minimum Fee is \$30
Rates: \$2.40/day for the student applicant PLUS \$2.40/per day for each eligible Dependent listed in Section 3 below:	
A. Cost for the primary applicant (the student) = _____ coverage days X \$2.40 = \$ _____	
B. Cost for dependents = _____ coverage days x \$2.40 x _____ # of dependents = \$ _____ (if applicable)	
C. Total Cost* = A + B = *Note: Minimum Fee is \$30.00 per policy* \$ _____	

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

	Last Name(s)	First Name(s)	Date of Birth (mm/dd/yyyy)	Relationship (Spouse/child)	Sex
1					Male Female
2					Male Female
3					Male Female

④ Method of Payment Note: Coverage cannot be issued earlier than the date payment is received/transacted

Interac E-Transfer from a CANADIAN bank - DCIS will send you the email address to use.
International Bank Wire from a NON-Canadian bank. \$25 admin fee applies. DCIS will send you bank account details.
Visa / MasterCard -- Either call in your credit card details using our telephones lines noted below (recommended)
or complete the Credit Card Authorization Form on next page

⑤ Declaration and authorization

I hereby apply for coverage as an Insured Person under the terms and conditions of the Allianz Global Assistance International Students to Canada Plan. I understand that I must meet the eligibility criteria in order to be eligible for this plan. I understand that coverage will be effective on the later of the date this application is accepted by the Insurer 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, that this plan excludes expenses relating to a pre-existing medical condition, and that a 48-hour waiting period will apply to Sickness coverage if they coverage is purchase after departure from an applicants' Country of Origin. For full terms and conditions, including limitations and exclusions please refer to the policy booklet.

Signature of applicant: _____ Date (mm/dd/yyyy): _____

<p>Send your completed form to DCIS: Email to: student@david-cummings.com OR, Fax to (604) 228-9807 DCIS is located in Vancouver, British Columbia CANADA</p>	<p>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 www.david-cummings.com</p>	
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CREDIT CARD AUTHORIZATION FORM

Alternatively, you may call in your credit card details to 604-228-8816.

1. Applicant Information

This payment authorization regards the 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 (mm / YY) _____ 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.