

Submit this form to David Cummings Insurance Services Ltd. by email to info@david-cummings.com
or Fax to 604-228-9807 or Mail to Suite 350-2083 Alma Street, Vancouver, BC V6R 4N6 Canada

Language preference English French

1. Coverage is NOT AVAILABLE to any individual who, as of their effective date:
- a) has been diagnosed with a terminal illness; or
 - b) has been diagnosed with or has had an episode of congestive heart failure; or
 - c) has had their most recent heart surgery more than 10 years ago; or
 - d) has been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); or
 - e) has been diagnosed with stage 3 or 4 cancer, or cancer of the lung, liver, pancreas, or bone; or has received treatment for any cancer (other than basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) in the past 3 months; or
 - f) has had a lung condition for which, in the last 12 months, they have been prescribed or used home oxygen; or
 - g) has received or is awaiting a bone marrow or major organ transplant; or
- h) has been diagnosed with or received treatment for kidney disease requiring dialysis; or
- i) has been diagnosed with an aneurysm that has not been repaired; or
- j) requires assistance with activities of daily living.
2. To be eligible for coverage you must:
- a) be at least 15 days old and not more than 69 years old; and
 - b) be either:
 - i. a Canadian citizen or Canadian resident residing outside of Canada; or
 - ii. a Canadian citizen or Canadian resident returning to reside in Canada, provided you were previously insured under an Allianz Global Assistance administered policy with no lapse in coverage; and
 - c) be in good health at the time you purchase your policy.

Step 1 – Applicant Information

Sex	First Name	Last Name	Birth Date
M / F			MM/DD/YYYY
M / F			MM/DD/YYYY
M / F			MM/DD/YYYY

Address: _____

City/Province: _____ Postal Code: _____

Telephone Number: () _____ E-mail Address: _____

Beneficiary Name: _____ Relationship: _____

Step 2 – Coverage Dates

EFFECTIVE Date: MM/DD/YYYY EXPIRY Date: MM/DD/YYYY No. of Months Coverage: _____

Step 3 – Coverage Selection and Premium Calculation

- Worldwide
- Worldwide Excluding USA/Mexico

A. Canadian Expatriates plan		Single Premium
➤ 1. Plan Options	<input type="checkbox"/> \$100,000 (Standard option) <input type="checkbox"/> \$500,000 (Enhanced option*) <input type="checkbox"/> \$2,000,000 (Deluxe option*)	
2. Rate Per Month		
3. Total Number of Months		
4. Total Premium	Rate per month x Total number of months	
➤ 5. Deductible Options	\$0 NIL [] \$500 (-5% savings) <input type="checkbox"/> \$1,000 (-10% savings) <input type="checkbox"/> \$5,000 (-30% savings)	
6. Deductible Savings	Total premium x Savings %	
7. Total Canadian Expatriates Plan Premium Due	Total Premium – Deductible Savings	
		\$

*A Medical Questionnaire is required for the Enhanced and Deluxe options (refer to quicktic). Minimum premium for the Canadian Expatriates plan is one month per policy.

Step 4 – Payment - Please use Payment Method Information Form on next page

PAYMENT METHOD INFORMATION FORM

Please complete all fields




1. Applicant Information

This payment authorization regards the insurance application for

Name of Primary Applicant (Person to be insured) _____

2. Method of Payment (Select One)

- Cash or Debit (in person only)
- CAD Cheque, payable to David Cummings Insurance Services Ltd.
- Credit Card (Visa, MasterCard, or American Express)

CREDIT CARDS ACCEPTED    VISA, MASTERCARD, & AMEX CREDIT CARDS* FROM CANADIAN, AND MOST NON-CANADIAN BANKS 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.

Card Number _____

Card Expiry Date (mm/yy) _____ Secure CVV code (see below) _____

Cardholder Name (as on card) _____

3. CREDIT CARD PAYMENT Authorization

I hereby authorize ALLIANZ GLOBAL ASSISTANCE 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.

