Sex

First Name

Client Information Form



Revised for May 1, 2023

Global Assistance

Email this form to DCIS at agent@david-cummings.com or Fax to 604 228 9807	Email this form to Do	CIS at agent@david-	-cummings.com or	Fax to 604 228 9807
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Last Name

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 stage 3 or 4 cancer; 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
 - d) requires assistance with activities of daily living as the result of a medical condition or state of health.
- 2. To be eligible for coverage you must as of the effective date:
 - a) be at least 15 days old and not more than 89 years old; and
 - b) not be insured or eligible for benefits under a Canadian government health insurance plan; and
 - be in good health at the time you purchase your policy and on the date you exit your country of origin, and know of no reason to seek medical consultation during the period of coverage.

Birth Date

Step 1 – Applicant Information - Include all individuals to be covered

M/F				MM/DD/YYYY	
Address in Canada:					
City/Province:			Postal Code:		
Telephone Number: ()			E-mail Address:		
Country of Origin:					
Country of origin means the country in which Canadian passport holders without a perman					assport. For
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Step 2 – Coverage Dates Requested Effective Date: MM/			Requested Expiry Date: MM/DD/YYY	V	
DD/YYYY Date of Entry to Canada: MM/DD/YYYY			No. of Days Coverage:	1	
Step 3 – Coverage Selection and Pr	emium Calculati	on			
A. Visitors to Canada plan (AD&D is included up to the maximum sum selected)		um selected)		Single Premium	Family Premium
1. Maximum Aggregate	\$25,000 \$50,00	00 🗖 \$100,000	\$500,000		
2. Family Coverage	☐ Yes ☐ No				
3. Rate Per Day	Family rate (maximu	m age: 59) = 2 x	Single rate of eldest person		
4. Total Number of Days					
5. Total Premium	Rate per day x Total n	umber of days			
6. Deductible Options	o \$0 (default)	o \$500 (-15% s	savings)		
7. Deductible Savings	Total premium x Savi	ngs %			
8. Total Visitors to Canada Plan Premium Due	Total Premium – Ded	luctible Savings			
					N/A
					N/A
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Minimum premium for the Visitors to Canada plan is \$20 per policy.

Product is underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies and administered by Allianz Global Assistance. Allianz Global Assistance is the registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.



PAYMENT METHOD INFORMATION FORM

Alternatively, you may call in credit card details to DCIS.



1. Applicant Information

This payment authorization regards the insurance application for

int Name of Primary Applicant (pers	on to be insured)	
Method of Payment (Select	One)	
Cash or Debit (in person of	onlyby appointment)	
CAD Cheque, payable to I	_	Services Ltd.
Credit Card (Visa, Master0		
NEDIT GANDO AGGEL TED	Master Card Master Card Master Card	
SA, MASTERCARD, AND AMEX CRE ANKS. ** Payment by DEBIT cards may		ROM CANADIAN AND <i>MOST</i> NON-CANADIAN ceby appointment.
ard Number		
ard Expiry Date (mm/yy)	Se	cure CVV code (see below)
ardholder Name (as on card) CREDIT CARD PAYMENT An ereby authorize ALLIANZ GLOBAL remium due to process the attached	Authorization L ASSISTANCE to charge m	ny credit card listed above with the amount of
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