



Specialists in
Health Insurance

David Cummings Insurance Services

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Tel. (604) 228-8816 or 1-800-818-3188

Fax. (604) 228-9807

agent@david-cummings.com

www.david-cummings.com

For inbound **Visitors and New Residents in Canada**

DCIS - Specialists in Health Insurance. Here for you.

David Cummings Insurance Services Ltd. (DCIS) is an independent brokerage with 30+ years specializing in health insurance for visitors, SuperVisa, immigrants, international students, foreign workers, as well as for expatriates and travelers worldwide. We work to ensure that our clients are:

- Well advised
- Offered competitive solutions
- Equipped for successful use of their insurance
- Supported at time of claim

Let us put our expertise to work for you!

When buying medical insurance for Canada, these details really matter!

- **Status in Canada**
SuperVisa, Regular Visitor Visa, Work Permit, Study Permit, Permanent Resident, Returning Canadian, Student or Employee at a Canadian Educational Institution
- **Medical History and Age**
Medical history details are essential to review so that we can determine what medical plans you qualify for, and advise you on terms of coverage for your situation. Please inform us of past and/or existing medical conditions. If you take prescription medication, it is important for us to know when the medication was prescribed, and when the type drug or dosage was last changed. **Please also advise if coverage is needed for an existing or future pregnancy.**
- **Itinerary**
What is the duration of your stay in Canada – short or long term?
Will you also travel to the USA or other place outside Canada?
- **Whether you are already in Canada, or planning ahead for a trip or move to Canada**

To start the quotation process, please complete the Quotation Request Form for David Cummings Insurance Services Ltd. and email to

agent@david-cummings.com

Fax 604 228 9807 Tel 604 228 8816 or Toll Free 1-800-818-3188 (Canada/USA only)

See the Quotation Request Form

QUOTATION REQUEST FORM - Medical Insurance for Canada



① Whom should we contact with insurance information?

PLEASE PRINT CLEARLY

First Name:	Last (Family) Name:	How did you hear about David Cummings Insurance Services (DCIS)? <input type="checkbox"/> I was referred by: _____ _____ <input type="checkbox"/> Online Web Search <input type="checkbox"/> Yellow Pages Ad <input type="checkbox"/> Other:
Telephone Number:	Email Address:	
Canadian Mailing Address (if available) _____ _____ City: _____ Prov: _____ Postal Code: _____		What is your relationship to the people who need insurance? <input type="checkbox"/> Family Member / Sponsor <input type="checkbox"/> Employer <input type="checkbox"/> Other

② Who needs the medical insurance?

	First Name	Last (Family) Name - Optional -	Date of Birth (mm/dd/yyyy) or Age on insurance Start Date	Sex M / F	Home Country List all if you hold multiple valid passports	Date of Arrival In Canada
1						
2						
3						
4						
5						

③ Status In Canada

<input type="checkbox"/> Regular Visitor Visa <input type="checkbox"/> Super Visa (PG-1) <input type="checkbox"/> International Experience Canada (IEC)	<input type="checkbox"/> Working Holiday Visa <input type="checkbox"/> Work Permit <input type="checkbox"/> Study Permit	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Returning Canadian <input type="checkbox"/> Other	Affiliated with a Canadian School? If yes, a discounted plan may be available. <input type="checkbox"/> Registered Student <input type="checkbox"/> Employee at: SCHOOL NAME: _____
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④ Additional Details Use a separate page if necessary


A. i) What Canadian Province or Territory will the person(s) to be insured visit or reside in?
 ii) How long will the person(s) stay in Canada?

B. Will the person(s) to be insured travel outside Canada during the period of insurance?
 No Yes - **If yes**, where to, and for how long?
 USA for _____ days Other: _____ for _____ days

C. Has the person(s) to be insured **ever** been diagnosed with, and/or treated for a medical condition (sickness, disease, or injury)? No Yes – **If yes, please list the medical condition(s) use next page if needed**
 Heart (Cardiovascular) Stroke/Mini-Stroke(Cerebrovascular) Lung(Respiratory)
 High Blood Pressure Diabetes Cancer **Other?**

D. Does the person(s) to be insured have any prescription medication?
 No Yes – If yes, **list the medical conditions** that medication has been prescribed for:

E. Is an applicant pregnant **OR** wanting maternity coverage in case of a future pregnancy? No Yes
For an applicant currently pregnant, please indicate expected due date for childbirth: [_____]

 David Cummings Insurance Services	We respect your privacy, and protect all personal information. We will only use the personal information provided for the purpose of responding to your request for an insurance quotation.	Please submit this form to: David Cummings Insurance Services Ltd. Email agent@david-cummings.com Fax: 604 228 9807 Tel 604 228 8816 www.david-cummings.com
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Health History Information

The detail you provide regarding past and existing medical conditions will inform our proposal of suitable insurance solutions. For **each medical condition** please provide the following information:

- Name of medical condition (or name the primary symptoms if the condition is not yet diagnosed)
- Date condition was first diagnosed (or date symptoms began if condition is not yet diagnosed)
- History or surgery / hospitalization
- Date of the MOST RECENT CHANGE in medication (dosage change, addition, or discontinuation of a medication)
- Date of the MOST RECENT need for medical consultation (other than a routine check-up)
- Whether you have been referred for diagnostic testing or specialist consultation that is still pending
- Whether you are waiting on **the results** of a medical test

Name of Applicant:

Respecting your Privacy:

David Cummings Insurance Services Ltd. (DCIS) recognizes and respects every individual's right to privacy. When you do business with us, you share personal information so that we may provide you with products and services that best meet your needs. We assume your consent for our firm to use this information in an appropriate manner. When you inquire about and/or apply for insurance coverage we establish a confidential client record of personal information. All employees, associated advisors and suppliers who are granted access to client records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. We use the information solely for the purpose of responding to your request for insurance services. Unless requested to do so by you, we do not share information with organizations outside of our relationship with you that would use it to contact you about their own products or services. We do not sell client information to anyone. If you have any questions or concerns about the protection of your personal information please contact our Privacy Officer: Jason Cummings. Phone (604) 228-8816 Fax (604) 228-9807 Email: jason@david-cummings.com