



Specialists in
Health Insurance

David Cummings Insurance Services

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For Expatriates — (People residing outside their Home Country)

DCIS - Specialists in Health Insurance. Here for you.

David Cummings Insurance Services Ltd. (DCIS) is an independent brokerage with 20+ years specializing in health insurance for visitors, immigrants, international students, and foreign workers in Canada as well as for expatriates and travellers worldwide. We work to ensure that our clients are:

- Well advised
- Offered a range of options
- Equipped for successful use of their insurance
- Supported at time of claim

Let us put our expertise to work for you!

When buying expatriate health insurance, these details really matter!

- **Your citizenship(s)**
I.E. your 'passport country' or countries if you hold more than one valid passport.
- **Medical History and Age**
Expatriate Health Insurance Plans are medically underwritten; the application process includes completion of a health history questionnaire, and in infrequent cases a medical exam.
- **The country you principally reside in, and the countries you plan to travel to**
- **How long you need will need medical coverage:** For an temporary period, long term, lifetime?
- **Whether the policy is purchased by an individual, vs. a sponsoring corporation/organization**

To start the quotation process, please complete the 'Quotation Request Form' on the reverse side of this page, or simply call or email...

David Cummings Insurance Services Ltd.

jason@david-cummings.com Fax: 604-228-9807 Tel. 604-228-8816 or 1-800-818-3188

See the Quotation Request Form

QUOTATION REQUEST FORM - Medical Insurance for Expatriates

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: _____
Telephone Number:	Email Address:	
Mailing Address _____ _____ City: _____ Prov: _____ Postal Code: _____		If inquiring on behalf of another person, what is your relationship to the person(s) who need insurance? <input type="checkbox"/> Family Member <input type="checkbox"/> Employer <input type="checkbox"/> Other

② Who needs the medical insurance?

	First Name	Last Name (Optional)	Date of Birth (or Age on date insurance to start)	Home Country (Passport Country) <u>List all</u> if you hold multiple valid pass ports
1				
2				
3				
4				
5				

③ Additional Details:

A. i) What country will the applicant primarily reside in during the coverage period? ii) Are there other countries where the applicant will travel or maintain a second residence?	
B. Is any person to be insured a US Citizen?	
C. What is the occupation of the primary applicant?	
D. Do any persons to be insured require coverage for a past or existing medical condition(s)? If yes, for what medical conditions?	
E. How long is coverage needed? <input type="checkbox"/> Temporary: _____ <input type="checkbox"/> Long Term: _____	
F. Who is to be invoiced for the insurance premium? <input type="checkbox"/> The Person to be insured. <input type="checkbox"/> Employer or Other Sponsoring Corporation <input type="checkbox"/> Other:	
	<p>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.</p>
<p>Please submit this form to: David Cummings Insurance Services Ltd. Email: jason@david-cummings.com Fax: 604-228-9807 www.david-cummings.com</p>	