



*Specialists in*  
**Health Insurance**

## David Cummings Insurance Services

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## Expatriates — For 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.
- **Whether you need coverage with a maternity benefit**
- **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.**

[agent@david-cummings.com](mailto:agent@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?  
 Temporary:       Long Term:      When would you like coverage to begin? \_\_\_\_\_

F. Who is to be invoiced for the insurance premium?  
 The Person to be insured.     Employer or Other Sponsoring Corporation     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: <a href="mailto:agent@david-cummings.com">agent@david-cummings.com</a> or Fax: 604-228-9807 <a href="http://www.david-cummings.com">www.david-cummings.com</a></p>
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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](mailto:jason@david-cummings.com)