QUOTATION REQUEST FORM

Extended Health & Dental Plans

to supplement Provincial Health Insurance

① Whom should we contact with insurance information?

PLEASE PRINT CLEARLY

First Name:	**Last (Family) Name:**	**How did you learn about DCIS?** ❒ I was referred by: _____ ❒ Online Search ❒ Other: _____
Telephone Number:	**Email Address:**	

② List all family members to be included in the insurance proposal/quotations

	First Name	**Last Name**	**Date of Birth** *mm/dd/yyyy*	**Sex** *M / F*	**Province of Residence**	**Active provincial health plan?** *Yes / No*
1						
2						
3						
4						
5						

③ What types of Extended Benefits are priorities to you?

❒ Prescription drug coverage ❒ Hospital room upgrade fees ❒ Private Duty Care Nursing	❒ Paramedical services (physio, chiro, etc.) ❒ Medical supplies and equipment ❒ Vision care	❒ Basic / Preventative Dental Care ❒Major/Restorative Dental Other:

④ Additional Details

A. Have you recently, or will you soon be losing *other extended benefits?* ❒ No ❒ Yes *If YES…*

When did/will your other benefits terminate? _____

What type of extended benefits plan was/is it?

❒ Group Benefits from Canadian Employer/Organization: Name of Insurer: _____

❒ Personal Plan: Name of Insurer/Plan:

B. *Do you have any pre-exiting medical conditions?* ❒ No ❒ Yes *If yes, please add details on pg 2*

Do you take any prescription drugs? ❒ No ❒ Yes *If yes, please add details on pg 2*

C. *When would you want the coverage to begin? (Note: it may only be on the **1st** of a future calendar month)*

mm/yyyy _____

D. How long do you plan to have a personal extended health/dental plan:

❒ Under 12 months ❒ 1 – 2 years ❒2 – 4 years ❒ 5+ years

E. *In addition to extended benefits, please indicate if you are interested in quotations for the following:*

☐ Travel insurance ☐ Life Insurance ☐ Disability Insurance (Income Protection)

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

Health History Information

For each family member—use additional page if needed

PLEASE PRINT CLEARLY

NAME	**Pre-Existing Medical Conditions** *(eg. hypertension, asthma, diabetes, lower back injury, etc.)*	**PRESCRIPTION COSTS** *(i.e. Annual $500)*

NAME	**Pre-Existing Medical Conditions** *(eg. hypertension, asthma, diabetes, lower back injury, etc.)*	**PRESCRIPTION COSTS** *(i.e. Annual $500)*

NAME	**Pre-Existing Medical Conditions** *(eg. hypertension, asthma, diabetes, lower back injury, etc.)*	**PRESCRIPTION COSTS** *(i.e. Annual $500)*

NAME	**Pre-Existing Medical Conditions** *(eg. hypertension, asthma, diabetes, lower back injury, etc.)*	**PRESCRIPTION COSTS** *(i.e. Annual $500)*

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