



DCIS iMED Opt Out Request Form

(For International Students only)

Personal Information	
First Name:	Last Name:
Student Number:	Date of Birth:(mm/dd/yyyy)
Date studies will begin / began at UBC(Month/Year):	Program type:
	⊖ Degree
Telephone:	O Exchange (one term)
Email address:	O Exchange (two term)
	O Others:
1. Indicate why you are requesting to opt out.	
\bigcirc I am already covered on Health Insurance BC (MSP)
Indicate the date your MSP coverage began	(month/day/year)
$igcar{}$ I am already covered on the provincial / territorial health plan of	
For either of the two reasons above, the following supporting documentation is required:	
 A copy of your recent billing statement 	
 Your letter of enrollment, confirming your coverage on your provincial / territorial plan 	
IMPORTANT: A copy of your provincial medical card is <u>NOT</u> sufficient proof	
O I purchased three months of Advance iMED / GCHP Coverage directly through DCIS.	
This reason only applies to degree and two–term exchange students. Please scan/email or fax a copy of your study permit with this form.	
Student's signature:	Date: / / (mm/dd/yyyy)
2. Send this form and your supporting documents to DCIS either by email or fax. By email: Scan	
your documents and attach to: iMedOPTOUT@david-cummings.com Or by fax: Send your	
documents to 604-228-9807.	
3. Normal processing time is 2 to 8 weeks once required documents are received. In periods of peak volume the processing time can be longer.	
 See the "Opting Out" page of the "Enrolment" section at the iMED Website (www.david-cummings.com/IMED) to view submission deadlines for opting out. 	
 If your opt out request is approved, the iMED fee will be credited to your tuition account. This form and 	
supporting documentation must be submitted to DCIS by the add/drop deadline (the last day to drop courses without a W) as per the UBC calendar: https://vancouver.calendar.ubc.ca/	
without a wy as per the OBC calendar: nttps://vancouve	.calenuar.ubc.ca/