



David Cummings Insurance Services Ltd.
Suite 350 - 2083 Alma Street
Vancouver, B.C. V6R 4N6
Tel. (604) 228-8816 or 1-800-818-3188
Fax. (604) 228-9807
www.david-cummings.com
agent@david-cummings.com

For Visitors and New Residents in Canada

David Cummings Insurance Services Ltd. (DCIS) is an independent brokerage with over 30 years specializing in health insurance for people relocating to or visiting Canada, including: immigrants, returning Canadians, international students, foreign workers, and visitors, including “SuperVisa” visitors and International Experience Canada visa holders. Through our network of trust advisors we also provide life insurance and disability insurance. 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 matter!

- **Status in Canada**
Permanent Resident, Applicant for PR status, Returning Canadian, Work Permit, Study Permit, Visitor, SuperVisa, IEC Visa, other...
- **Age and Medical History**
Rates for private medical insurance are age-banded. Medical history details are essential to review to determine the plans you are eligible for, and to help you understand the terms of coverage for your situation.
- **Please advise if coverage is needed for an existing or future pregnancy.**
- **Itinerary**
What is the duration of your stay in Canada? Will you travel to the USA or other country? Are you already in Canada, or planning ahead for a trip or move to Canada?

**Please complete the Quotation Request Form on the next page
or simply call or email**

David Cummings Insurance Services Ltd.

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

See the Quotation Request Form



① Whom should we contact with insurance information?

PLEASE PRINT CLEARLY

First Name:	Last (Family) Name:	How did you learn about DCIS?
Telephone Number:	Email Address:	
Canadian Mailing Address _____ _____ City: _____ Prov: _____ Postal Code: _____		<input type="checkbox"/> Online Search Engine <input type="checkbox"/> Facebook <input type="checkbox"/> I was referred by: _____
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 Name (Optional)	Date of Birth (or Age on date insurance to start)	Sex M / F	Home Country (Passport Country)	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) Visa	<input type="checkbox"/> Working Holiday Visa <input type="checkbox"/> Work Permit <input type="checkbox"/> Study Permit <input type="checkbox"/> Post-Grad Work Permit	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Canadian Citizen <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. Does any person to be insured currently have, or have a history of, a chronic health condition, disease, or injury)? No Yes
 Heart (Cardiovascular) Stroke/Mini-Stroke(Cerebrovascular) Lung(Respiratory)
 High Blood Pressure Diabetes Cancer **Other?**

D. 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: [_____]**

E. In addition to health insurance, please indicate if you are also interested in quotations for the following:
 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
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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