

iMED Opt-out Request Form

ELIGIBILITY

New-to-UBC international students enrolled in at least one on-campus course who are already covered by iMED, BC MSP, or another Canadian provincial or territorial health plan before the iMED coverage start date.

PERSONAL INFORMATION

First Name:	Last Name:
UBC Student ID Number:	Date of Birth: (mm/dd/yyyy)
Start Date of UBC Program: (mm/dd/yyyy)	Program Type: (degree, exchange, other)
Telephone Number:	Email Address:

REQUEST TO OPT OUT FROM IMED

Indicate why you are requesting to opt out

- I am already covered on Health Insurance BC (MSP)

Indicate the date your MSP coverage began: _____ (mm/dd/yyyy)

- 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 **not** sufficient proof

- I purchased three months of advance iMED / GCHP coverage directly through David Cummings Insurance Services (DCIS)

This reason only applies to degree and two-term exchange students. Please email or fax a copy of your study permit with this form.

Student's signature: _____ Date: _____ (mm/dd/yyyy)

This form and supporting documentation must be submitted by email or fax to DCIS by the add/drop deadline (last day to drop courses without a W standing) as per the [UBC academic calendar](#).

Normal processing time is **2 to 8 weeks** once required documents are received. In periods of peak volume the processing time can be longer. If your opt-out request is approved, the iMED fees will be credited to your tuition account.