

# Application for student membership and insurance for first year medical students

## For students enrolled in the Faculty of Medicine at the University of British Columbia

In this application *you* and *your* refer to the person applying for membership in Doctors of BC, and for insurance underwritten by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Please PRINT clearly.

### 1 General information

If your contact information changes, please update your profile on the Doctors of BC website at [www.doctorsofbc.ca](http://www.doctorsofbc.ca) or advise Doctors of BC of any changes by email at: [benefits@doctorsofbc.ca](mailto:benefits@doctorsofbc.ca).

Last name		First name		Middle name	
Former/maiden name (if applicable)				<input type="checkbox"/> Male	Date of birth (dd-mm-yyyy)
				<input type="checkbox"/> Female	- -
Mailing address (street number and name)			Apartment or suite	SIN	
City		Province		Postal Code	
Telephone		Email address			
- -					
Date you started medical school (dd-mm-yyyy)			Date you expect to graduate (dd-mm-yyyy)		
- -			- -		
Medical school site:					
<input type="checkbox"/> Vancouver (VFMP)		<input type="checkbox"/> Victoria (IMP)		<input type="checkbox"/> Prince George (NMP)	
				<input type="checkbox"/> Kelowna (SMP)	

### 2 Doctors of BC/CMA Membership Dues

Your medical student membership is provided compliments of the Doctors of BC and covers both Doctors of BC and CMA membership for all consecutive years you are enrolled as a medical student. You may cancel at any time by notifying Doctors of BC Membership in writing of your cancellation.

I hereby apply for membership in Doctors of BC, and agree to abide by the By-laws, Rules and Regulations of the Association.

I hereby agree to provide my Social Insurance Number for administrative purposes.

Your signature	Date (dd-mm-yyyy)
X	- -

### 3 Insurance coverage included

Life insurance will be provided to you for all four years of medical school and disability insurance during the first year of medical school to you, without charge (September 1 to June 30). Premiums will be payable starting July 1 of your second year.

By checking this box I am opting out of this program and I understand I will not be insured for Disability or Life Insurance:

For full coverage details, see: [www.doctorsofbc.ca/member-services/insurance-student-life-disability](http://www.doctorsofbc.ca/member-services/insurance-student-life-disability)

#### Disability insurance:

Disability Income: \$1,500 Monthly Benefit  
COLA & GIB included  
HIV/Hepatitis B/C Benefit

<input type="checkbox"/> Non-smoker	Non smoker means that you have not used any tobacco or tobacco cessation products in the last 12 consecutive months.
<input type="checkbox"/> Smoker	

#### Life insurance – \$100,000 Level Term Insurance:

Beneficiary last name	Beneficiary first name	Relationship to you

DC-101



## 4 Other insurance information

Do you currently have Disability insurance or have you concurrently applied for any Disability insurance coverage provided by individual or group policies, or employment contracts/partnership agreements?

Yes  No If *yes*, provide full details below:

Amount of benefit	Insuring company	Date of issue (mm-yyyy)	Elimination period (e.g. 90 days)	Benefit period (e.g. to age 65)	Taxable
\$		—			<input type="checkbox"/> Yes <input type="checkbox"/> No

Will any Disability insurance be discontinued if the coverage you have applied for is issued?

Yes  No If *yes*, provide details below

Insuring company	Policy number	Amount
		\$

## 5 Authorization and declaration

Please read and sign this section.

I understand and agree that this application form is void unless (a) I am a member of Doctors of BC or Yukon Medical Association (b) I am enrolled full time in medical school in British Columbia on the date of this application, (c) I am not presently on a personal or medical leave, and (d) I reside in Canada on the date of this application.

I understand that this application for coverage will be accepted up to 60 days prior to the commencement of medical school, and that insurance will become effective on the later of the date my application for coverage is received by Doctors of BC or the date I begin medical school.

I authorize Sun Life Assurance Company of Canada, its agents and service providers, to collect, use and disclose relevant information about me for the purpose of administration, underwriting and adjudicating claims under this insurance coverage with any person or organization who has relevant information about me including institutions, investigative agencies, insurers, and reinsurers and to collect, use and disclose information with Doctors of BC Insurance for the purpose of administration.

A photocopy or electronic version of this authorization is as valid as the original.

Your signature X		
Location signed (city)	Location signed (province)	Date (dd-mm-yyyy) — —

Please mail your completed application to:

Doctors of BC Membership Department  
115-1665 West Broadway  
Vancouver, BC V6J 5A4

or FAX it to: 604-638-2913

or scan and email to:  
benefits@doctorsofbc.ca

## 6 Respecting your privacy

Doctors of BC respects the privacy of its members and is committed to protecting your personal information. Please refer to the website at [www.doctorsofbc.ca](http://www.doctorsofbc.ca) for the Privacy Commitment. Contact and demographic information provided on this application form will be shared with the CMA and used in accordance with the CMA's Corporate Privacy Policy. For a copy of CMA's Corporate Privacy Policy visit [www.cma.ca](http://www.cma.ca) and go to "Privacy" at the footer of the home page. At Sun Life Financial, protecting your privacy is a priority.

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy).