

Options Form Resident to Practicing Physician (Past 90 Days but within 12 months of Residency Completion)

1 – Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: _____

Birthdate: _____ Province of Birth: _____ Country of Birth: _____
MM / DD / YYYY

Address: _____
Street City Province Postal Code

Phone: _____ Email: _____

Doctors of BC #: _____ MSP Billing #: _____

2 – Residency program information

Specialty: _____ Program Completion Date: _____
MM / DD / YYYY

3 – Disability insurance

Maintain coverage amount and riders currently in place on Resident Disability Insurance plan

Remove the following rider(s): _____

Note: Increased premium for coverage and riders will be payable from the 1st of the month following your residency program completion date.

Reduce my coverage to \$ _____

Cancel my disability insurance entirely

4 – Physicians' Disability Insurance (PDI)

Physicians in BC earning sessional, MSP and/or service contract income are eligible to apply for the government-paid disability insurance PDI. This insurance requires a full application, including a medical questionnaire and blood/urine test.

I would like to apply for PDI coverage with proof of good health

Best phone number to reach you for a telephone interview:

Phone number listed above

Other: _____

Best time to reach you for a telephone interview: _____
(interviews are available Monday thru Saturday)

I will not be applying for PDI at this time

6 – Insurance Consultation Request

Please have a Doctors of BC licensed insurance advisor contact me to review my overall insurance needs

