

Insurance Options Form (Student to Resident)

Return by email to insurance@doctorsofbc.ca or by fax to 604-638-2909 Form must be returned within 90 days of starting residency.

1 - Personal Information	
Name:	Birthdate:/ Doctors of BC ID#:
Address:	
	City Province Postal Code nail address:
2 – Residency Program Information	
Type of Program:	Location (hospital/city):
Program Start Date:	Program Completion Date:
3 – Life Insurance Amount & Options	
 No changes required – keep \$100,000 Increase my Life Insurance by \$100,00 Add the Future Insurance Option rider Add the Waiver of Premium rider Cancel my Life Insurance 	00 for a total of \$200,000, without proof of good health
4 - INCOMEprotect Disability Insurance	Amount
I have other personal Disability Income Name of Insurance Company:	/month (min \$500/month, max \$3,000/month R1-R5) Insurance (other than Doctors of BC or through your employer) Amount of Monthly Benefit:\$
	ability coverage upon approval of Doctors of BC Insurance. monthly benefit to \$ upon approval of Doctors of BC Insurance urance
In R1-R5, you may have a maximum of \$3000 in n	nonthly disability coverage across all insurers (excluding employer mandatory disability)
5 – INCOMEprotect Disability Insurance	Options
	suaranteed Insurability, Cost of Living Adjustment riders are included
☐ Add Retirement Protection rider (\$500) ☐ Add Retirement Protection rider (\$1500)	
Your Options continue on the next page	

Revised: 2021/02

¹ Future Insurance Option rider allows you to increase life insurance by \$50,000 at various times throughout your career. Waiver of Premium rider waives your Life premiums while you're disabled.

³ Retirement Protection rider pays an extra tax-free monthly amount into a retirement account to assist with savings.

INSURANCE for doctors

we're for you.

6 – Critical Illness Options		
Add \$50,000 of Critical Illness coverage without proo	f of good health.	
6 – Authorization		
I understand that Doctors of BC will use this options form and that changes will be effective July 1, 2010.	to make changes to my existing Life and Disability Insurance	
I understand if I cancel any of the above insurance programs and wish to reapply at a later date, coverage will not be automatic and I will be required to provide medical evidence of my health at that time.		
Signature	Date (DD/MM/YYYY)	

Need help? Call the Doctors of BC insurance department at 604-638-2904 or 1-800-665-2262. For more details, please refer to the INCOMEprotect for Residents brochure at doctorsofbc.ca/insurance.