doctors of bc
British Columbia Medical Association

Fourth Year Student Increase Disability Election Form

1 – Personal Information

Name: _____ Birthdate: ___/___/____ Doctors of BC ID#: _____
DD MM YYYY

Address: _____
Street City Province Postal Code

Telephone: _____ Email address: _____

2 – Disability insurance

☐ Increase my disability insurance benefit to $4,000/month

3 – 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 (other than Doctors of BC insurance)?

☐ Yes ☐ No (If yes, provide full details below)

$_____ _____ _____
Amount *Insuring Company* *Date of Issue (mm-yyyy)*

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

☐ Yes ☐ No (If yes, provide full details below)

_____ $_____
Insuring Company *Amount*

4 – Declaration and Authorization

I declare that my answers on this application are true and complete and I understand that concealment, misrepresentation and false declaration concerning this application will cause the insurance to be void.

As a member of Doctors of BC or the Yukon Medical Association, I understand and agree that this application is void unless I am enrolled full-time, and not presently on a personal or medical leave, in a medical school in British Columbia on the date of this application.

I authorize Sun Life Assurance Company of Canada, its agents and service providers and the Doctors of BC plan administrator, to use and exchange information needed for administration 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.

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

_____ _____ _____
Signed at (city) **Signed at (province)** **Date (DD/MM/YYYY)**

_____
Signature

Return by fax to 604-638-2909 to email to insurance@doctorsofbc.ca