

Guelph Student Benefits Individual Enrolment Form & Receipt

A student benefits plan supplements coverage provided by your Provincial healthcare (providing coverage for things such as prescription drugs and dental not covered by basic healthcare). The Student Benefits Plan coverage is provided to eligible students automatically, except in certain circumstances where a student's enrolment status excludes them from automatic inclusion by the institution. To activate your coverage, complete the sections below and return this form with required supporting documents and the appropriate fee by the applicable deadline.

PLEASE NOTE: YOUR STATUS MAY REQUIRE THAT YOU COMPLETE THIS PROCESS EACH ENROLMENT PERIOD, YOUR COORDINATOR WILL ADVISE WHAT IS REQUIRED. FEES ARE NON-REFUNDABLE.

STUDENT INFORMATION

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D	D	M	M	Y	Y					
Last Name	First Name	Initial	Gender	Date of Birth						
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Mailing Address		City/Province		Postal Code						
Student ID Number	<input type="checkbox"/> Graduate	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time						

ENROLMENT CIRCUMSTANCES

	APPLICABLE FEE
<input type="checkbox"/> I previously waived the Student Dental Plan and wish to reactivate my coverage. [Possible on your enrolment anniversary or within 30 days of loss of other coverage with proof of loss.]	_____ _____
<input type="checkbox"/> I qualify to opt-in based on my status as a student. STATUS: _____	_____ _____

PAYMENT INFORMATION

Amount Paid	Payment Method

AUTHORIZATION

I understand that information provided above is required for me to receive dental and/or extended health benefits. I hereby authorize and consent to the use, release, and exchange of the above information between the institution, the student organization, the Student Service Co-ordinator, G&A, BCE Emergis Assure Health Division, and the insurance carrier(s) to be used solely in connection with the Student Benefits Plan. I confirm that all the information provided by me herein is accurate. I understand that it is solely my responsibility to ensure that the Student Benefits Plan Office has received and approved my enrolment form with necessary supporting documentation.

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Student Signature	Phone	Date																					

OFFICE USE ONLY								
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D	D	M	M	Y	Y			
Member ID	Processing Date	Processed By						

