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					
					DID MIM YIY
Last Name	First Name		Initial	Gender	Date of Birth
Mailing Address		City/Province			Postal Code
Student ID Number	Campus of Study				
ENROLMENT CIRCUMSTANCES					
					APPLICABLE FEE
I previously waived the Student					
[Possible on your enrolment and	niversary or within 30 days of l	oss of other coverage with proof of loss.]			
I previously waived the Student	Dental Plan and wish to reacti	vate my coverage.			
·		oss of other coverage with proof of loss.]			
I qualify to opt-in based on my				_	
[Opt-ins must enroll in both Hea	alth & Dental, or show proof for	coverage already provided.]			
PAYMENT INFORMATION					
Amount Paid	Payment Method				
AUTHORIZATION					
sent to the use, release, and exc nator, G&A, BCE Emergis Assure confirm that all the information	hange of the above informa Health Division, and the in provided by me herein is a	me to receive dental and/or extende tion between the institution, the stuc surance carrier(s) to be used solely i ccurate. I understand that it is solely nt form with necessary supporting do	dent organization of the connection we go my responsib	on, the St vith the S	udent Service Co-ordi tudent Benefits Plan.
			ı	1	
X		() -		D	
Student Signature		Phone			Date
OFFICE USE ONLY					GALLIVAN
Member ID	DID MIM YI Processing Date	Processed By			ASSOCIATES

EnrolForm 08-2006 The Integrated Care Solution