

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

|                     |  |                 |  |               |        |               |
|---------------------|--|-----------------|--|---------------|--------|---------------|
| Last Name           |  | First Name      |  | Initial       | Gender | Date of Birth |
|                     |  |                 |  |               |        | DDMMYY        |
| Mailing Address     |  |                 |  | City/Province |        | Postal Code   |
|                     |  |                 |  |               |        |               |
| Student ID Number   |  | Campus of Study |  |               |        |               |
| _ _ _ _ _ _ _ _ _ _ |  |                 |  |               |        |               |

## ENROLMENT CIRCUMSTANCES

### APPLICABLE FEE

|                          |                                                                                                                                                                                             |       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> | I previously waived the Student Health Plan and wish to reactivate my coverage.<br>[Possible on your enrolment anniversary or within 30 days of loss of other coverage with proof of loss.] | _____ |
| <input type="checkbox"/> | I previously waived the Student Dental Plan and wish to reactivate my coverage.<br>[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: _____<br>[Opt-ins must enroll in both Health & Dental, or show proof for coverage already provided.]                           | _____ |

## 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 thereby 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.

|                   |                     |        |
|-------------------|---------------------|--------|
| X _____           | (         )       - | DDMMYY |
| Student Signature | Phone               | Date   |

## OFFICE USE ONLY

|                     |                 |              |
|---------------------|-----------------|--------------|
| _ _ _ _ _ _ _ _ _ _ | DDMMYY          | _____        |
| Member ID           | Processing Date | Processed By |