



STUDENT UNION OF CONFEDERATION COLLEGE INC.

SINGLE AND FAMILY OPT-IN APPLICATION 2009/2010

This form will enable you to apply for Single and/or Family coverage in the Health Insurance plan for the school year, by filling in the corresponding application section below. To be eligible you must be a full-time, day attending student for a minimum of one full semester.

STUDENT INFORMATION

PLEASE PRINT CLEARLY

Surname: _____ First Name: _____ Student ID#: _____

Date of Birth: Y/____M/____D/____ Gender: M____ F____ Phone Number: _____ Date: _____

E-Mail _____ Campus _____

Address: _____ City _____ Postal Code: _____

<u>SINGLE</u>	<p><u>PLEASE ENROLL ME IN THE FOLLOWING:</u> (indicate by checkmark)</p> <p style="text-align: center;">FALL DEADLINE – September 30, 2009 WINTER DEADLINE – January 29, 2010 SUMMER DEADLINE – May 21, 2010</p> <p>___ \$ 175.00 Fall (taxes included) ___ \$ 147.00 Winter (taxes included) ___ \$ 110.00 Summer (taxes included)</p> <p>* To be eligible, you must have current OHIP or equivalent coverage, and a be full time day attending student for a full semester. My signature at the bottom of the page confirms that I wish to apply for the Health Plan indicated above and agree to be bound by the benefit plan terms. PLEASE SEND CERTIFIED CHEQUE OR MONEY ORDER TO: Student Union of Confederation College or Cash at the SUCCI OFFICE. P.O. Box 398 Thunder Bay, ON P7C 4W1</p> <p>SIGNATURE OF STUDENT _____ DATE _____</p>												
<u>FAMILY</u>	<p><u>PLEASE ENROLL THE FOLLOWING MEMBERS OF MY FAMILY:</u></p> <p style="text-align: center;">FALL DEADLINE – September 30, 2009 WINTER DEADLINE – January 29, 2010 SUMMER DEADLINE – May 21, 2010</p> <p>Include all eligible dependents, as only those listed will be able to make claims. Note the spousal and dependent eligibility statements below. * Your spousal cards will be available at the SUCCI office approximately 30 days after being made active.</p> <ul style="list-style-type: none"> • To be eligible, all dependants must have current OHIP or equivalent coverage. • I understand this coverage terminates on August 31, 2010. • Family cards will be available for pick-up at the SUCCI office approximately 4 weeks after family enrolment, for distance education and regional campus students, family cards will be mailed to the address listed above. <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Surname _____</td> <td style="width: 30%;">First Name _____</td> <td style="width: 10%;">y/____m/____d/____</td> <td style="width: 30%;">Relationship to Student _____</td> </tr> <tr> <td>Surname _____</td> <td>First Name _____</td> <td>y/____m/____d/____</td> <td>Relationship to Student _____</td> </tr> <tr> <td>Surname _____</td> <td>First Name _____</td> <td>y/____m/____d/____</td> <td>Relationship to Student _____</td> </tr> </table> <p>Indicate by checkmark which benefit(s) you are applying for:</p> <p>___ \$ 318.00 Fall (taxes included) ___ \$ 267.00 Winter (taxes included) ___ \$ 216.00 Summer (taxes included)</p> <p>My signature at the bottom of the page confirms that I wish to apply for the Health Plan for dependents registered above and agree to be bound by the benefit plan terms. PLEASE SEND CERTIFIED CHEQUE OR MONEY ORDER TO: Student Union of Confederation College or Cash at the SUCCI OFFICE P.O. Box 398 Thunder Bay, ON P7C 4W1</p> <p>SIGNATURE OF STUDENT _____ DATE _____</p> <p><small>“SPOUSE” means the legal spouse of the Insured Student provided there is no legal separation in effect, or an individual of the opposite or same sex who has been residing with the Insured Student for a period of at least one year and who has been designated as the spouse of the Insured Student in the Policyholder’s records for insurance purposes, and is a resident of Canada or has supplemental provincial Medicare. “DEPENDENT CHILD OR CHILDREN” means any natural child, step-child or legally adopted child of the Insured Student, who is 20 years of age and under, unmarried, and receives full support and maintenance from the Insured Student, or 21 years of age but less than 25 years of age, unmarried, and receives full support and maintenance from the Insured Student for reason of full-time attendance at an accredited institute, college or university in Canada or receives full support and maintenance from the Insured Student by reason of mental or physical infirmity, and is a resident of Canada. Please Note: You are only eligible to opt-in family members before the deadline date of your first semester, i.e. If you are a September start student you must purchase family coverage on or before September 30, 2009, after this date you will not be able to add family coverage at anytime during the remainder of the policy year.</small></p> <p>Freedom of Information and Protection of Privacy Act In accordance with the Freedom of Information and Protection of Privacy Act, this is to advise you that the personal information collected on this form will be used for administrative purposes by the College, SUCCI and will be submitted to the insurance broker and carrier to process your coverage. Any questions concerning the collection of this information may be directed to the SUCCI office.</p>	Surname _____	First Name _____	y/____m/____d/____	Relationship to Student _____	Surname _____	First Name _____	y/____m/____d/____	Relationship to Student _____	Surname _____	First Name _____	y/____m/____d/____	Relationship to Student _____
Surname _____	First Name _____	y/____m/____d/____	Relationship to Student _____										
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Surname _____	First Name _____	y/____m/____d/____	Relationship to Student _____										
OFFICE USE ONLY	<p>C/C ___ M/O ___ Other ___ Amount ___ Date Rec’d ___ NSP ___</p> <p>Eligibility Status: A T Sem.: F W S</p> <p>Student Follow up: _____</p>												