



To complete an enrolment, you must return this form with a cheque or money order payable to studentcare.net/works by the deadline. Only **NEW Winter semester students are allowed to enrol themselves and/or their dependants.**

1 INFORMATION ABOUT THE STUDENT					
Student ID Number	Last Name	First Name	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (Jan/01/1900)	
Address		City	Province	Postal Code	
Phone Number Home: () Other: ()		Email Address		Province of Canadian health-care coverage	

2 SELF-ENROLMENT

If you were already billed the Health & Dental Plan fee by the university, you do not need to fill out this section.

If the university did not bill you automatically, but you are eligible for the Plan, you must fill out this section and provide **PROOF OF ELIGIBILITY** (e.g.: breakdown of tuition fees).

Winter full-time students eligible for the Plan. Health Plan <input type="checkbox"/> \$67.00 Dental Plan <input type="checkbox"/> \$79.00 Health & Dental Plan <input type="checkbox"/> \$146.00	Amount for self-enrolment \$ _____
Winter part-time students eligible for the Plan. Health Plan <input type="checkbox"/> \$100.50 Dental Plan <input type="checkbox"/> \$118.50 Health & Dental Plan <input type="checkbox"/> \$219.00	

3 FAMILY ENROLMENT

Please note that the additional fees for the enrolment of a spouse and/or child/children do not include fees related to the student's participation in the Plan. Enrolment must be completed every policy year.

Adding one (1) dependant (spouse or child). Health Plan <input type="checkbox"/> \$100.50 Dental Plan <input type="checkbox"/> \$118.50 Health & Dental Plan <input type="checkbox"/> \$219.00	Amount for family enrolment \$ _____
Adding two (2) or more dependants (spouse and/or any number of children). Health Plan <input type="checkbox"/> \$167.50 Dental Plan <input type="checkbox"/> \$197.50 Health & Dental Plan <input type="checkbox"/> \$365.00	

4 ENROLMENT FEES

Add fees from sections 2 and 3: \$ _____

FOR INTERNAL USE ONLY											
Date Received				\$		Done in SAS				Initials	
FALL						WINTER					
Single		Couple		Family		Single		Couple		Family	
Health	Dental	Health	Dental	Health	Dental	Health	Dental	Health	Dental	Health	Dental

5 DEPENDANT'S INFORMATION				
Family Name	First Name	Relationship (spouse/child)	Gender M/F	Date of Birth (Jan/01/1980)

6 DEPENDANT'S ELIGIBILITY

Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least 1 year, is an eligible dependant. You can only cover one spouse at a time.

Your children and your spouse's children (other than foster children) are eligible dependants if they are not married or in any other formal union recognized by law, and are under age 22. A child, who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependant until the age of 26 as long as the child is entirely dependent on you for financial support. You need to provide a proof of the child's full-time status. If your child is over 21 years old, is handicapped, and is entirely dependent on you for financial support, he/she is eligible.

These benefits are underwritten by Pacific Blue Cross. CanAssistance (Manitoba Blue Cross) provides the travel insurance.

7 INSTRUCTIONS

Please return the form to studentcare.net/works between **January 9, 2012 and January 27, 2012**.

Include the following when submitting this form:

- A cheque or money order payable to studentcare.net/works for the amount written in **Section 4**.
- Please write your ID number in the "memo" section on the cheque or money order.
- Proof of eligibility (e.g.: breakdown of tuition fees).

Send the enrolment including the necessary documents by mail to 1134 St. Catherine Street West, Suite 700, Montreal, QC, H3B 1H4.

There is a \$25 administration fee for enrolment reimbursements within the Change-of-Coverage Period. No enrolment reimbursements after that time.

Coverage is valid from January 1, 2012 until August 31, 2012.

8 AUTHORIZATION

I understand that the coverage of my spouse/dependants is contingent upon my enrolment in the Plan. If I cease to be eligible for the Plan, then my dependants' coverage will be terminated.

I am authorized to disclose information about my spouse and dependants for the purpose of enrolling them in the Plan.

By enrolling in this Plan, I authorize the following:

- Pacific Blue Cross, its agents and service providers to use the information on this form to underwrite, administer and pay claims.
- studentcare.net/works and its agents to use the information on this form for benefits administration.

Unless I indicate otherwise below, I agree that my name and address may be used by studentcare.net/works to inform me about other insurance products and services specially developed for students. I understand that I can withdraw this consent at any time.

I refuse permission

Signature: _____

Date: _____