



Single & Family Opt-In Enrollment Form



Student's Information

Student I.D.# _____

Status Full-Time Student (12 credits/F/W semesters)
 Registered with Learning Centre

Student's Name: _____

Sex: Male Female

Date of Birth: _____
Year Mo. Day

Telephone # () _____

Student's Personal E-mail Address: _____

Student's Address while at university: _____
No./Street Apt./Unit# City/Town Prov. Postal Code

Student's Permanent Home Province: Same as Above **Or** Other: _____

Application for Coverage **Deadlines:** **Fall:** Oct. 16, 2020 **Winter:** Jan. 22, 2021 **Spring:** Jun 18, 2021

- Student health coverage automatically includes Student Accident Insurance provided by Chubb Insurance under Policy **SG10458106**
- Extended Health (including Emergency Travel) & Dental is administered by Medavie Blue Cross under Group # 0091931000

Request for Single Coverage			
	Fall Term	Winter Term	Spring Term
SINGLE Health & Dental	<input type="checkbox"/> \$320.00	<input type="checkbox"/> \$320.00	<input type="checkbox"/> \$175.00

Cost for **Family Coverage** is in addition to cost for single coverage.

Request for Family* Coverage			
Complete this section only if requesting additional coverage for spouse and/or dependent children. Dependents must have proper provincial or equivalent insurance to qualify.			
	Fall Term	Winter Term	Spring Term
1 Dependent	<input type="checkbox"/> \$320.00	<input type="checkbox"/> \$320.00	<input type="checkbox"/> \$175.00
2 or more Dependents	<input type="checkbox"/> \$520.00	<input type="checkbox"/> \$520.00	<input type="checkbox"/> \$220.00

*Student must be enrolled with Single Coverage to enroll family members.

Dependent Information **Only complete if Family Coverage is requested, use additional sheets if necessary**

- If dependent is over 21 but under 25, proof of full-time student status is required
- If relationship to student is common-law partnership, please provide date of cohabitation
- All dependents must have valid provincial coverage (or alternative coverage) in effect at time of enrollment.

Dependents First & Last Name	Sex	Relationship to Insured Student <i>(include date of cohabitation if common-law)</i>	Date of Birth		
			Yr.	Mo.	Day
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
	<input type="checkbox"/> Male <input type="checkbox"/> Female				

Student Authorization:

I understand the information I provide on this form will be used by the AUSU Student Health Plan Office and the financial services of the university for the purposes of administering my student health benefits. I also understand that relevant information may be exchanged with the applicable insurer and/or third party insurance administrator acting on behalf of the insurer, as deemed necessary for the purposes of administration of my student health benefits, validation of the status of my insurance coverage, and determining any eligibility for claimed benefits. I hereby authorize the AUSU Health Plan Office to exchange any relevant and necessary information with such parties for such purposes. If I am applying for coverage for my eligible dependents, I confirm I am authorized to act on their behalf for such purposes. I declare that the statements made on this form are complete and true. I understand that if any statement is incomplete or false, any coverage granted may be voided. Any true copy of this authorization shall be considered as valid as the original.

Student's Signature: _____ Date _____

Submit with Payment To: Student Accounts, Algoma University, SH312 1520 Queen St. E., Sault Ste. Marie, ON P6A 2G4
Cheque or money order payable to the Algoma University accepted.

Inquiries:

- If you have general questions regarding your student health benefits, please contact the AUSU General Manager
E-mail: generalmanager@ausu.algomau.ca or phone 705-949-2301 x4719

AUSU Health Plan Office Use Only			
Date Application Received: _____ Year Mo. Day	Initials of Receiver: _____	Total Charged to Student Account: _____	
Application: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Status verified <input type="checkbox"/>	Reason if Declined: _____	