Graduate Students' Association (GSA) Health & Dental Plan Opt-In Application Form 2016-2017

Use this form to apply for Individual, Couple or Family coverage in the GSA Drug/Accident and/or Dental Insurance Plan(s) for the school year, by filling in the corresponding application section below.

This form must be returned to the Graduate Students' Association office (600 UC, on the 6th floor, 613-520-6616) by the appropriate deadline indicated below. Coverage is valid from September 1, 2016 to August 31, 2017.

Student Number: _____

Date of Birth (YYYY/MM/DD): _____ Sex: F ☐ M ☐ Other/PNTS ☐

Last Name: _____

First Name: _____

Address, Apt #: _____

City, Province, Postal Code: _____

Phone Number: ( ) _____

Email Address _____

You must have coverage for yourself to opt in to couples/family coverage. This means you must pay $368.00 plus the additional costs outlined below. Proof of enrollment is required if you were not automatically added to the health plan. You can get this from your My Carleton One account.

The only accepted methods of payment are cash, money order, or certified cheque made payable to GSA Carleton Inc.

	Individual (September Full-time students automatically enrolled)	Couple (additional cost to add one dependant)	Family (additional cost to add many dependants)
Health	☐ 180	☐ 177	☐ 365
Dental	☐ 188	☐ 175	☐ 457
Both	☐ 368	☐ 352	☐ 822

Please add the following family members (PRINT CLEARLY):

Last Name	First Name	Sex	Date of Birth (yyyy/mm/dd)	Relation (Spouse or Child)

Dependants do not include your parents, or brothers, or sisters.

PLEASE NOTE

Payment Can Only Be Made At The GSA Office 600 UC
Fall Registration Deadline – October 7, 2016
Winter Registration Deadline – February 10, 2017

NO EXCEPTIONS

I wish to apply for the GSA Drug/Accident and/or Dental Insurance Plan(s) for Single, Couple or Family coverage and I agree to be bound by the benefit plan terms and conditions.

SIGNATURE OF STUDENT	DATE