

Graduate Students' Association (GSA) Health & Dental Plan Opt-In Application Form 2017-2018



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, 2017 to August 31, 2018.

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 \$388.00 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. Students on medical or family leave may opt in to the plan by showing their proof leave documents in lieu showing that they are registered.

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	<input type="checkbox"/> \$203	<input type="checkbox"/> \$200	<input type="checkbox"/> \$407
Dental	<input type="checkbox"/> \$185	<input type="checkbox"/> \$183	<input type="checkbox"/> \$460
Both	<input type="checkbox"/> \$388	<input type="checkbox"/> \$383	<input type="checkbox"/> \$867

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 6, 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
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