

# Graduate Students' Association (GSA) Health & Dental Plan Opt-In Application Form 2017-2018 v2



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 6<sup>th</sup> 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.

**We can accept cash, major credit cards, debit, and or certified cheques or money orders 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  
 January starting students – February 2, 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.

<b>SIGNATURE OF STUDENT</b>	<b>DATE</b>
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