

STUDENT BENEFIT PORTAL GUIDE

Table of Contents

Process Overview.....	2
Phase 1: Registration & Account Setup.....	2
Initial Access.....	2
Self-Registration Steps.....	3
University Code Requirement	4
Account Access & Password Management.....	4
Phase 2: Opt-In Process (With Dependents)	5
Step 1: Select Opt-In Option	5
Step 2: Add Family Members (Dependents).....	5
Step 3: Confirm Opt-In under the Opt-in or Opt-out Tab.....	6
Step 4: Review Benefit Selection.....	7
Step 5: Designate Beneficiaries	7
Step 6: Review Payment Instructions.....	8
Step 7: Accept Terms & Provide Electronic Signature.....	8
Step 8: Complete Enrollment.....	8
Step 9: IMPORTANT - Pay your opt-in charges	8
Phase 3: Opt-Out Process	9
Important Considerations Before Opting Out	9
Step 1: Select Opt-Out Option.....	9
Step 2: Skip Family Member Step	9
Step 3: Select the Opt Out Event.....	9
Step 4: Provide Proof of Alternative Coverage	9
Step 5: Enter Proof of Other Coverage Details	10
Step 6: Review Benefits & Beneficiaries	11
Step 7: Accept Terms	11
Step 8: Complete Opt-Out	11
Support & Troubleshooting.....	12
Common Issues & Solutions	12
Getting Help	12
Key Dates & Information	12
Document Information.....	12

Process Overview

This document provides detailed step-by-step instructions for students enrolling in or managing their student benefit plan, including the ability to opt-in with dependents or opt-out of coverage.

Phase 1: Registration & Account Setup

Initial Access

- Navigate to the benefits portal login page [here](#)
- Select "Register" button for first-time users
- NEW STUDENTS: May need to wait for welcome email before registering. Check inbox and spam folder for your welcome email.

[English](#) | [Français](#)



[Need Help?](#)

Welcome

Access your student benefit information, manage your coverage, and get the support you need — all in one place.

This portal provides you with information, tools, and resources related to your Student Benefit Plan. Whether you're a returning member or just getting started, we're here to help you make the most of your coverage.

New Students — Please Note

If you are new to the plan, you will not be able to self-register until you receive a welcome email with instructions to do so. Please check your inbox (and spam folder).

First-Time User?

New to this portal? Click on the **REGISTER** link below and complete the registration process to set up your password, challenge questions and to access your benefits.

Please see "**Need Help?**" above to find out your university short code

USER ID (UNIVERSITY SHORT CODE + STUDENT NUMBER)

[Forgot User ID](#)

PASSWORD

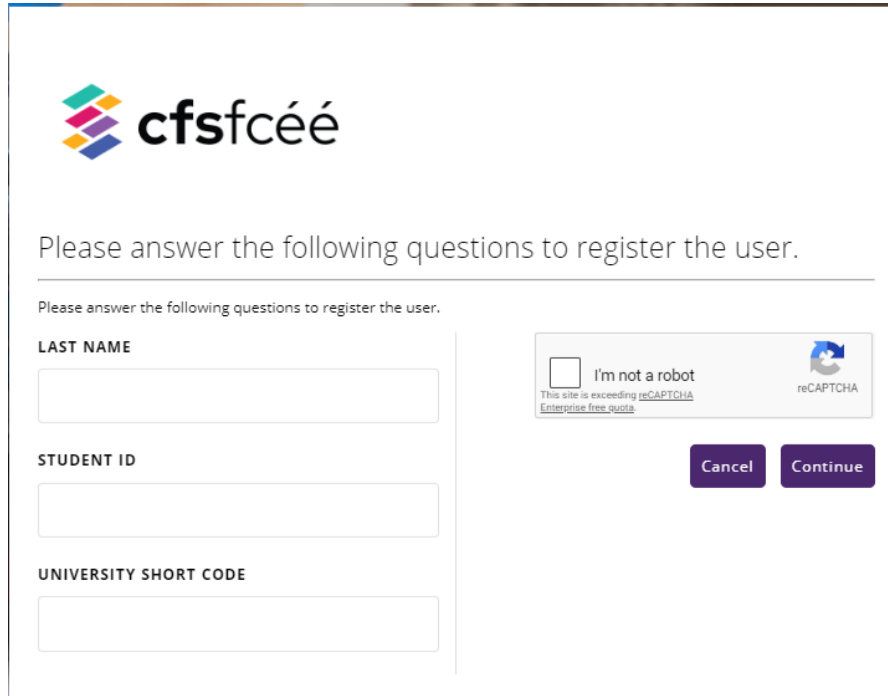
[Forgot Password](#)

Login

[Register](#)

Self-Registration Steps

- Click the Self Register button on the portal login page
- Enter your Last Name, Student ID and University Short Code as provided by your institution
- Check "I'm not a Robot" and complete the required task



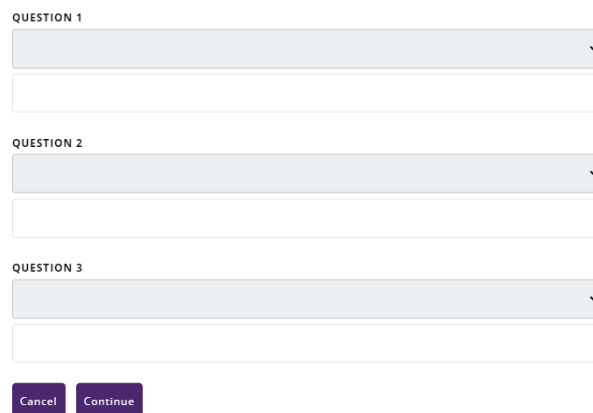
The screenshot shows a web form for user registration. At the top left is the 'cfsfcée' logo. Below it, the text 'Please answer the following questions to register the user.' is displayed. The form contains three input fields on the left: 'LAST NAME', 'STUDENT ID', and 'UNIVERSITY SHORT CODE'. To the right of these fields is a reCAPTCHA widget with the text 'I'm not a robot' and a checkbox. Below the reCAPTCHA are two buttons: 'Cancel' and 'Continue'.

- Create a secure password
- Select 3 security questions from the available list



Select Your Challenge Questions

You will use your Challenge questions to reset your password if you happen to forget it. To set your Challenge questions select 3 different questions from the drop-down lists and enter your answers.



The screenshot shows a form for selecting challenge questions. It has three sections, each labeled 'QUESTION 1', 'QUESTION 2', and 'QUESTION 3'. Each section contains a drop-down menu and a text input field. At the bottom of the form are two buttons: 'Cancel' and 'Continue'.

What is your mother's maiden name?
 What was the name of your first pet?
 Who was your childhood hero?
 Who is your favorite celebrity?
 What is your favorite beverage?
 What is your favorite movie?
 What is your spouse's middle name?
 What is your father's middle name?
 What high school did you attend?
 What is your favorite sports team?
 What was your favorite teacher's name?
 On what day of the month was your first child born?

- Complete and click continue

University Code Requirement

To complete self-registration, you must provide your university's short code:

University Name	Short Code
Université de Laurentienne	AEF
University of Toronto (Part time)	UOT
Carleton University Graduate Student Association	CAR
College of North Atlantic	CNA
Grenfell Campus Students' Union	GCS
Memorial University Graduate Students' Union	GSU
Hearst University Students' Union	HRT
Laurentian University Graduate Student Association	LES
Lakehead University Students Union	LSU
Marine Institute Students Union	MRN
Memorial University of Newfoundland Students' Union	MUN
University of Windsor Organization of Part-time University Students	OPU
Scarborough Campus Students' Union	UOT
Saint Boniface University	STB
Student Union of NSCAD	SUN
St Anne's University	USA
University of Toronto Mississauga Student Union	UOT
York Federation of Students	YFS
York University Graduate Student	YGS

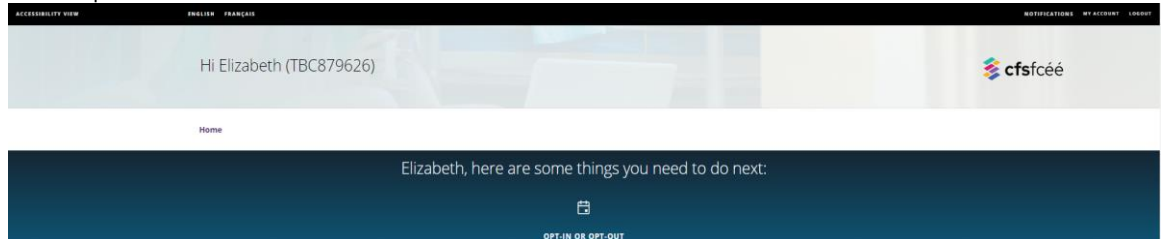
Account Access & Password Management

- Password Reset: Use challenge questions if you forget your password
- Account Lockout: After 3 failed login attempts, your account will be locked
- Unlock Method: Successfully answer your challenge questions to unlock
- Support: Contact studentfirst@prosumbenefits.ca if you need help

Phase 2: Opt-In Process (With Dependents)

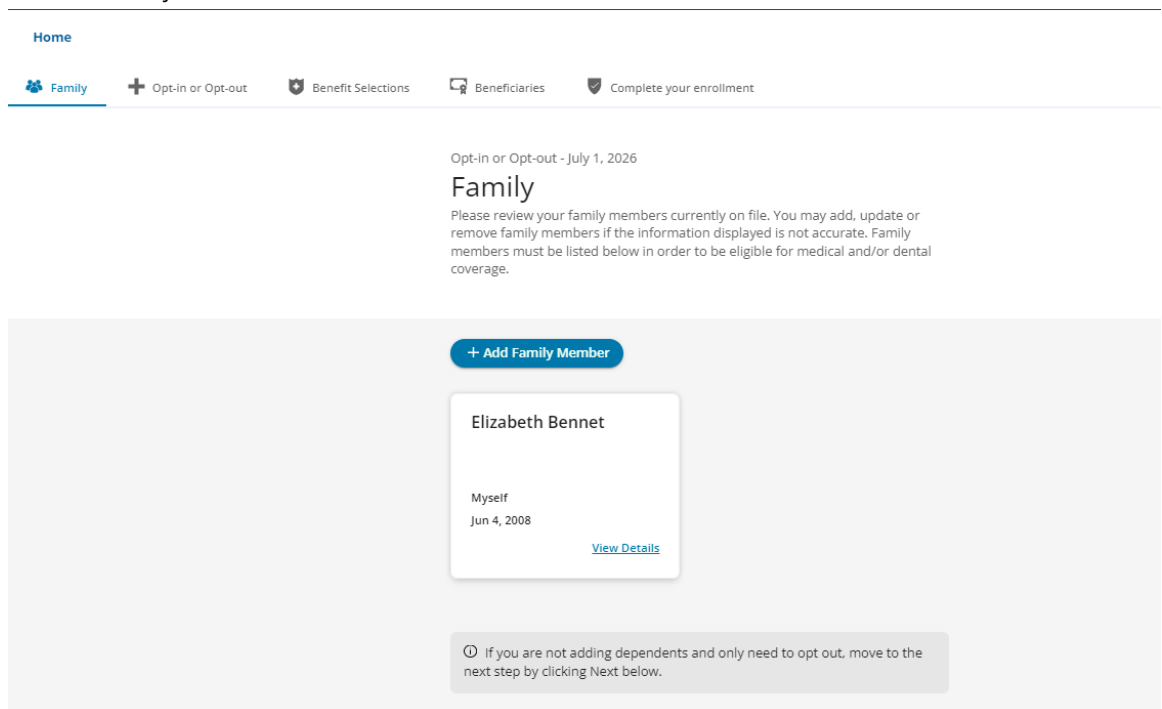
Step 1: Select Opt-In Option

Press the blue call-to-action bar on the home page when you are ready to start your Opt-In or Opt-Out event.



Step 2: Add Family Members (Dependents), if you are opting in family members. Otherwise click the next button in the bottom right corner to continue on to the Opt-In or Opt-out Tab.

- Click "Add Family Member" button



- Complete all required fields with dependent's information:
 - Full name
 - Date of birth
 - Relationship to student
 - Any other required identifying information

Family Member

×

First name*

Fitzwilliam

Middle name

Last name*

Darcy

Relationship*

Spouse

Gender*

Male

Female

Male ✓

Cancel

Save

- Click "Save" to add the dependent
- The family member now appears on the Family step
- Click "Next" to proceed

Step 3: Confirm Opt-In under the Opt-in or Opt-out Tab

- System confirms: "Since you have added a dependent (family member), you are opting in."
- Review the information for the dependents opted-in
- Click "Next" to continue to benefits selection

Family

Opt-in or Opt-out

Benefits Selections

Beneficiaries

Complete your enrolment

Opt-in or Opt-out - July 1, 2026

Opt-in or Opt-out

So you think you might want to opt out of your student benefit plan?

Here are a few things to consider before you cancel your benefits coverage:

Once you opt out, you can't change your mind. Your decision is final for the remainder of your current school year (meaning you can't rejoin the plan at a later date in the school year).

You can only opt-out of this plan if you have similar coverage under another benefit plan (provincial health insurance doesn't qualify).

Make sure you have enough coverage under another benefit plan (e.g., your parent's or your employer's plan), or else you may have to pay for drug, dental and other health care costs.

Before you opt out, look over your expenses for the last year and be sure you understand all your options.

The opt-out process is not immediate. Your opt-out is effective once it has been approved and processed following the end of the opt-out period.

Student Choice

Student Plan

Select who is covered

☒ Elisabeth Bennett Hyatt

☒ Fitzwilliam Darcy Spouse

Opt In

View Details

Opt Out

Select

Previous

Student Annual Cost: \$304.08

Next >

Contingent* - Optional

Designated beneficiary(ies)	Accidental Death & Dismemberment	
	Primary	Contingent*
Estate	0 %	0 %
Add a Beneficiary		
Total	0%	0%

Step 4: Review Benefit Selection

- All available benefits displayed on 1 page
- Please refer to your FAQ document for opt-in charges based on your student status, coverage selection and enrolment period, a cost breakdown will also be provided at the end of your enrolment process.
- Select the Review button on each (Health, Dental, and Travel) benefit option to see the dependents covered and confirm coverage for each. You will be able to change your coverage selection (Single, Couple/Family) per benefit.
- Click "Next" to continue

ACCESSIBILITY VIEW

Home

Family + Opt-in or Opt-out **Benefit Selections** Beneficiaries Complete your enrollment

Opt-in or Opt-out - July 1, 2026

Benefit Selections

Basic Coverage

Health and Dental

Extended Health

Covered Option

Student +1 Category

[Review Dependents](#)

Dental Care

Covered Option

Student +1 Category

[Review Dependents](#)

Travel

Covered Option

Student +1 Category

[Review Dependents](#)

Step 5: Designate Beneficiaries

Three Beneficiary Options Available:

- Add New Beneficiary: Enter new beneficiary details
- Choose Family Member: Select from previously added dependents
- Designate Estate: Designate your estate as beneficiary

Beneficiary Requirements:

- Primary and contingent beneficiaries must be DIFFERENT
- All beneficiaries must have a designated percentage allocation
- Total allocation must equal exactly 100%
- No beneficiary can have more than 100% allocation
- ERROR: If any field is incomplete or calculations don't equal 100%, system will flag error

Step 6: Review Payment Instructions

- Review payment terms and conditions

Step 7: Accept Terms & Provide Electronic Signature

You must acknowledge:

- Completion of enrollment or coverage modifications
- Changes are effective September 1, 2026 (subject to evidence of insurability approval)
- For common-law spouses: Must prove 12+ months of cohabitation
- All information provided is complete and true
- Consent to collection, use, and exchange of personal information
- Authorization for salary deductions for benefit costs
- Electronic signature is legally binding and equivalent to handwritten signature

Step 8: Complete Enrollment

- Click "I Agree" to confirm all terms and conditions
- Click "Submit" to complete enrollment
- Review confirmation summary on finalize page
- All changes recorded with electronic signature timestamp

Step 9: **IMPORTANT** - Pay your opt-in charges

- Please download the **Opt-in Premium Collection PDF** and follow the instructions enclosed in the document
- You will follow the embedded link in the PDF to the **GSA Stripe payment page**, please carefully review the enclosed premium chart and pay the correct amount based on your student status and coverage type

Event Complete. Pending review if Opt-Out selected

Event type: New Student: Opt-in or Opt-out | September 1, 2026

[View my Enrolment Summary](#)

To do

These documents are required to be filled and returned to your benefits administrator. If you decide to download them later, they will be available in the portal.

[Opt-in Premium Collection](#)

Submit by: August 28, 2026



Fall 2026 GSA Health & Dental Plan Opt-In

Please CAREFULLY review the premium chart and pay the correct amount based on your student status (full-time or part-time) and coverage type (single, couple, or family) to ensure your Fall opt-in is processed correctly.

CA\$0.00

CHART #1 - FULL-TIME STUDENTS			
Couple Coverage (Student Already Covered - Add Spouse or Child)			
	Health Only	Dental Only	Health & Dental
Fall (12-months)	\$266.08	\$170.04	\$456.12
Family Coverage (Student Already Covered - Add Two or More)			
	Health Only	Dental Only	Health & Dental
Fall (12-months)	\$591.00	\$436.44	\$1,027.44
CHART #2 - PART-TIME STUDENTS			
Single Coverage (Student only)			
	Health Only	Dental Only	Health & Dental
Fall (12-months)	\$306.48	\$173.04	\$479.52
Couple Coverage (Student + Spouse or Child)			
	Health Only	Dental Only	Health & Dental
Fall (12-months)	\$592.56	\$343.06	\$935.64
Family Coverage (Student + Two or More Dependents)			
	Health Only	Dental Only	Health & Dental
Fall (12-months)	\$897.48	\$609.48	\$1,506.96



OR

Contact information

Contact details

email@example.com

Full name

Payment method

Card

Card information

1234 1234 1234 1234



MM / YY

CVC



Cardholder name

Phase 3: Opt-Out Process

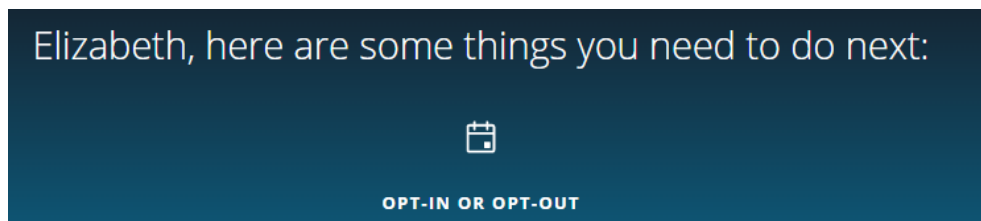
Important Considerations Before Opting Out

Review these factors carefully before proceeding:

- **FINAL DECISION:** Once you opt out, you CANNOT change your mind
- **NO REJOIN:** Your decision is final for the entire school year; you cannot rejoin at a later date
- **EQUIVALENT COVERAGE REQUIRED:** You can only opt out if you have similar coverage under another benefit plan (provincial health insurance does NOT qualify)
- **VERIFY COVERAGE:** Ensure you have sufficient coverage under another plan (parent's, spouses or your employer's) before opting out
- **NO IMMEDIATE EFFECT:** Opt-out processing is not immediate; it becomes effective once approved and processed after the opt-out period ends

Step 1: Select Opt-Out Option

- Press the blue call-to-action bar on the home page when you are ready to start your Opt-Out event. Before you begin, ensure you have the ID card or app for the equivalent coverage that you as you will be required to enter information from that coverage.



Step 2: Skip Family Member Step

- No dependents are added for opt-out process
- Click "Next" on the bottom right corner to continue

Step 3: Select the Opt Out Event

- Click on the Opt Out Event box

Step 4: Provide Proof of Alternative Coverage

- In the red box that appears like an error you will be provided with the information regarding opting out.
- Once you have read and understood the requirements to opt-out, press on the underlined link called "Collect Proof of Coverage". A pop up box will appear to allow you to enter the information.

Basic Coverage

Error

- Extended Health
- Dental Care

Evidence of other Coverage Required

To Opt-Out of the Student Plan, you must provide evidence that you have alternative coverage above provincial health coverage.

This coverage can be either as part of your Parents health plan, or as part of Group benefit plan from your employer.

PLEASE NOTE: Completion of this event does not guarantee Opt-Out approval. Opt-Out evidence is reviewed for accuracy, and additional evidence may be requested.

[Collect Proof of Coverage](#)

Health and Dental

Extended Health

Opt-Out Option

Student Only Category

Dental Care

Opt Out Option

Travel

Opt-Out Option

Previous

See all benefits and costs

Next >

You must provide proof of equivalent coverage from:

- Employer group health insurance plan, OR
- Parent's or spouse's benefit plan (as a dependent)

Proof of Other Coverage

To Opt-Out of the Student Plan, you must prove that you already have equivalent coverage through another private group health insurance plan. This can be a plan that you have through your employer, or it can be as a dependent on a parent or spouses' plan. To do so, enter or modify the information on your other health care coverage in the fields below. You will find this information on your insurance card or certificate.

Coverage Offered Through*

Employer or plan name*

Insurer*

Policy Number*

Certificate or identification number*

Information to Collect:

- Insurance carrier name and policy number
- Information found on insurance card or certificate

Step 5: Enter Proof of Other Coverage Details

- Enter or modify information about your alternative health care coverage
- Complete all required fields with insurance information. You will not be able to continue without entering all required data.
- Declaration: Certify that information provided is complete, accurate, and true
- Acknowledge: You understand you will NOT have coverage under the student benefit plan
- Acknowledge: The data will be reviewed for accuracy and may be rejected if incomplete
- You will see all coverages showing as opt-out. Press next to continue.

Step 6: Review Benefits & Beneficiaries

- Benefits Review: No dependents shown (member only)
- Beneficiaries: No beneficiary designation required for opt-out
- Proceed with remaining verification

[Home](#)[Family](#)[+ Opt-in or Opt-out](#)[Benefit Selections](#)[Beneficiaries](#)[Complete your enrolment](#)



New Student: Opt-in or Opt-out - July 28, 2026

Complete Enrolment

Below is a summary of your benefit selections. Take a moment to review your choices below before completing your enrolment.



Family Members

Below is a summary of the dependents you have on file.

Myself
Dec 11, 1990

[View Details](#)

Your coverage

All benefits are effective as of July 28, 2026 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

Opt-in or Opt-out

Step 7: Accept Terms

Scroll to the bottom of the Complete Enrolment Window reviewing the information as you go. You must acknowledge:

- Read the Terms and Conditions.
- Click "I Agree" to confirm all terms and conditions

Terms and Conditions

I hereby declare that I have completed my enrolment or modified my coverage, my contribution rate, or other information because of: New Student: Opt-in or Opt-out. I understand that the modifications made during this session are effective 2026-07-28, subject to the approval of any required evidence of insurability.

If you are adding a common-law spouse, you must be able to prove that you have co-habitated for a minimum of 12 consecutive months.

If you and/or your spouse are applying for non-smoker life insurance or critical illness rates you certify that tobacco products have not been used during the 12 months immediately preceding the date of this event.

[Read full terms and conditions](#)

☐ I agree to the Terms and Conditions

[Go back and make changes](#)

[Complete Enrolment](#)

Step 8: Complete Opt-Out

- Click green "Complete Enrolment" button to complete opt-out request
- Your opt-out is pending approval and processing
- Effective date: Once approved after the opt-out period ends

Event Complete. Pending review if Opt-Out selected

Event type: New Student: Opt-in or Opt-out | July 28, 2026

[View my Enrolment Summary](#)

[Take me home](#)



Support & Troubleshooting

Common Issues & Solutions

Issue	Solution
Haven't received welcome email	Check inbox and spam folder; contact student union
Forgot password	Use security questions to reset; create new secure password
Account locked (3 failed logins)	Answer security questions to unlock account
Cannot verify identity during registration	Ensure information matches institution records
Error in beneficiary percentage allocation	Verify all percentages total exactly 100%
Primary and contingent same person	Select different individuals for each role
Proof of coverage rejected	Resubmit with accurate information from insurance card
Cannot add dependent	Verify all required information is complete and accurate
Payment/deduction questions	Contact student union benefits support team

Getting Help

- For website access issues: Contact your student union benefits support team
- For coverage questions: Contact your institution's benefits administration
- For claims or coverage details: Contact your insurance provider directly

Key Dates & Information

- Effective Date for Changes: September 1, 2026
- Coverage Effective with Approval: Changes are subject to approval of any required evidence of insurability
- Opt-Out Processing: Not immediate; effective once approved and processed after opt-out period ends
- School Year: Annual enrollment; opt-out decisions final for remainder of school year

Document Information

Process Documentation Date: July 1, 2026

Based on: Opt-in/Opt-Out Steps (Student) documentation