



**AÉÉTS' Enhanced Health Plan  
Opt-Out Form  
Change-of-Coverage & Opt-Out Period : January 5 - 31, 2024**



International students, members of the Association Étudiante de l'École de technologie supérieur (AÉÉTS), that started their study in the fall of 2023 must use this form to opt out of the of the Enhanced Health Plan that was billed on the winter 2024 school fees.

In order for us to identify you and to maintain confidentiality and the protection of your personal information, you must complete this form if you wish to modify your Health Plan coverage or opt out of it.

For more information, visit our website at [www.aseq.ca](http://www.aseq.ca).

To submit this form, visit this link : <https://contact.aseq.ca/en/contact/60> and choose "Other" under "Reason for Request".

1 STUDENT INFORMATION	
First and last name	Chosen name
Permanent Code	Date of birth (jj/mm/aaaa)
Phone number	Email

**2 OPT OUT**

You could decline the benefits offered by the AÉÉTS' Health Plan by ticking the applicable option.

**In order to complete your opt out, you must complete this form and send it to ASEQ online by choosing "Other" under "Reason for Request" on this link: <https://contact.aseq.ca/en/contact/60>**

**This form must be submitted by the end of the Change-of-Coverage & Opt-Out Period, therefore before January 31<sup>st</sup>, 2024.**

- I wish to decline the Enhanced Health coverage from AÉÉTS (Refund of \$ 75.80)
- I wish to change my coverage from Enhanced Health to Basic Health coverage (Refund of \$ 5.32)

A credit in the amount above will be issued to your university account at the end of your change of coverage period. If you haven't received anything by mid-March, please contact us by email at [service@aseq.com](mailto:service@aseq.com).

I understand that my opt out is in effect from January 1, 2024 until August 31, 2024. If I return as an eligible student in the future, I may be automatically re-enrolled in the Plan by the university.

**3 OPT OUT AUTORIZATION AND SIGNATURE**

I certify that the statements made are true and accurate. A photocopy or electronic version of this form has the same value as the original. I understand that the plan I am declining to participate in may not be identical to the plan in which I am currently enrolled. I also understand that I may be eligible to claim and combine benefits under both plans if I choose not to decline the coverage offered by my student association.

I understand that by modifying my coverage, I absolve the insurance company, my student association, ASEQ and any other involved party of all liability whatsoever for any loss suffered by myself and/or all of my dependents. I am responsible for familiarizing myself with the contents of the Reference Guide before modifying my coverage.

**BEWARE :** This form only allows you to opt out from the AÉÉTS' Enhanced Health Coverage. This does not allow you to opt out from the group plan provided by l'École de technologie supérieure (ÉTS) that is MANDATORY throughout your studies in Canada which covers your medical and hospital expenses.

Unless indicated below, I agree to my name and contact information to be used by ASEQ to send me information regarding other insurance products and services developed for students. I understand that I can remove this consent at any time.

I decline

Student's signature X	Date (jj/mm/aaaa) / /
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