



University of Toronto
Enrolment – WINTER 2024
UTGSU Health & Dental Plan
Deadline: January 31, 2024
For 12-MONTH EXTENDED COVERAGE



To complete an enrolment, you must return this form with a cheque or money order payable to Studentcare by the deadline.
In order to be eligible for coverage, you and your dependants must already have provincial or equivalent primary health-care coverage.
This is a 12-Month Enrolment Form, and no portion of the fees can be refunded.

1 INFORMATION ABOUT THE STUDENT						
Student ID Number	Legal Last Name	Legal First Name	Chosen Name	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (MM/DD/YYYY)	
Address			City	Province	Postal Code	
Phone Number Home:	Other:	Email Address		Province of Canadian health-care coverage		

2 12 MONTHS EXTENDED SELF-ENROLMENT

Please note that to self-enrol in the 12-month coverage extension, your coverage must match that of your previous policy.

Health Plan <input type="checkbox"/> \$787.47	Dental Plan <input type="checkbox"/> \$386.62	Health & Dental Plan <input type="checkbox"/> \$1,174.09	Amount for self-enrolment \$ _____
\$ _____			

3 SELF AND FAMILY ENROLMENT

Please note that the additional fees for the enrolment of a spouse and/or child/children include fees related to the student's participation in the Plan.

A dependant's coverage must be equal to or lesser than the Plan member's coverage.

Adding one (1) dependant (spouse or child).	Amount for family enrolment \$ _____
Health Plan <input type="checkbox"/> \$1,565.07 Dental Plan <input type="checkbox"/> \$763.11 Health & Dental Plan <input type="checkbox"/> \$2,328.18	
Adding two (2) or more dependants (spouse and/or any number of children).	Amount for family enrolment \$ _____
Health Plan <input type="checkbox"/> \$2,342.54 Dental Plan <input type="checkbox"/> \$1,139.72 Health & Dental Plan <input type="checkbox"/> \$3,482.26	

4 ENROLMENT FEES

Add fees from sections 2 and 3:	\$ _____
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FOR STUDENTCARE USE ONLY (DO NOT COMPLETE)

Date Received		\$	Done in SAS				Initials				
FALL						WINTER					
Single		Couple		Family		Single		Couple		Family	
Health	Dental	Health	Dental	Health	Dental	Health	Dental	Health	Dental	Health	Dental

5 DEPENDANT'S INFORMATION					
Legal Family Name	Legal First Name	Chosen Name	Relationship (Spouse/ Child)	Sex (M/F)	Date of Birth (MM/DD/YYYY)

6 DEPENDANT'S ELIGIBILITY

Your spouse by marriage or under any other formal union recognized by law, or your partner who has been publicly represented as your spouse for at least 1 year, is an eligible dependant. You can only cover one spouse at a time.

Your children and your spouse's children (other than foster children) are eligible dependants if they are not married or in any other formal union recognized by law and are under the age of 22. A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependant until the age of 26 as long as the child is entirely dependent on you for financial support. You need to provide proof of the child's full-time status. If your child is over 21 years old, is disabled, and is entirely dependent on you for financial support, he/she is eligible.

These benefits are underwritten by GreenShield and Desjardins Insurance. Canadian Premier Life Insurance Company/Securian Canada is the underwriter for travel.

7 INSTRUCTIONS

Please return the enrolment form to Studentcare between **January 2 and January 31, 2024**.

Include the following when submitting this form:

- A cheque or money order payable to Studentcare for the amount written in **Section 4**. Please write your ID number in the "memo" section on the cheque or money order.
- Proof of eligibility: "Proof of graduation". This letter can be obtained from your department.

Send the enrolment including the necessary documents by mail to 1200 McGill College Avenue, Suite 2200, Montreal (QC) H3B 4G7.

Coverage is valid from January 1, 2024 to December 31, 2024.

8 AUTHORIZATION

I understand that the coverage of my spouse/dependants is contingent upon my enrolment in the Plan. If I cease to be eligible for the Plan, then my dependants' coverage will be terminated.

I am authorized to disclose information about my spouse and dependants for the purpose of enrolling them in the Plan.

By enrolling in this Plan, I authorize the following:

- GreenShield, Desjardins Insurance, Canadian Premier Life Insurance Company/Securian Canada, their agents and service providers to use the information on this form to underwrite, administer, and pay claims.
- Studentcare and its agents to use the information on this form for benefits administration under this Plan and any other services provided to me by them.

I would like my name, email, and address to be used by Studentcare to inform me about other insurance products and services specially developed for students. I understand that I can withdraw this consent at any time.

Signature: _____

Date: _____