



National Theatre School of Canada
Enrolment – FALL 2024
Health & Dental Plan
Deadline: October 06, 2024



To complete an enrolment, you must return this form with a cheque or money order payable to ASEQ by the deadline.

1 INFORMATION ABOUT THE STUDENT					
Certificate 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 FAMILY ENROLMENT

Please note that the additional fees for the enrolment of a spouse and/or child/children do not include fees related to the student's participation in the Plan. The enrolment must be completed every policy year.

Adding one (1) dependant (spouse or child). Health & Dental Plan <input type="checkbox"/> \$ 395.60	Amount for family enrolment \$ _____
Adding two (2) or more dependants (spouse and/or any number of children). Health & Dental Plan <input type="checkbox"/> \$ 791.20	

FOR ASEQ USE ONLY (DO NOT COMPLETE)			
Date Received	\$	Done in SAS	Initials
FALL			
Couple		Family	
Health & Dental		Health & Dental	

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

4 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 handicapped and is entirely dependent on you for financial support, he/she is eligible.

These benefits are underwritten by Desjardins Insurance. Canadian Premier Life Insurance Company/Securian Canada is the underwriter for travel. The Gender Affirmation Care is provided by GreenShield.

5 INSTRUCTIONS

Please return the enrolment form to ASEQ between **September 1 and October 06, 2024**.

Include the following when submitting this form:

- A cheque or money order payable to ASEQ for the amount written in **Section 2**. Please write your certificate number in the "memo" section on the cheque or money order.

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

Any request to cancel this enrolment must be made within the Change-of-Coverage Period. No enrolment reimbursement will be issued after this period. Please note that a \$25 administration fee will be deducted from the amount to be refunded.

Coverage is valid from September 1, 2024 to August 31, 2025.

6 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:

- Desjardins Insurance, Canadian Premier Life Insurance Company/Securian Canada, GreenShield, their agents and service providers to use the information on this form to underwrite, administer, and pay claims.
- ASEQ 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 ASEQ 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: _____