



# Student Health Coverage Opt-In Single and/or Family Coverage



## Student Information

Student I.D.# \_\_\_\_\_ International Student? ☐ Yes ☐ No Legal Sex\*: ☐ Male ☐ Female

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Year Mo. Day

Student's School E-mail Address: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Student's Address while at university: \_\_\_\_\_  
No./Street Apt./Unit# City/Town Prov. Postal Code

Student's Permanent Home Province: ☐ Same as Above Or ☐ Other: \_\_\_\_\_

## Application for Coverage

### Deadlines:

Fall: Sept. 30, 2025

Winter: Jan. 30, 2026

	Health	Dental	TOTAL
Single Coverage	<input type="checkbox"/> \$251.00	<input type="checkbox"/> \$174.00	<b>\$425.00</b>
Add 1 Dependent	<input type="checkbox"/> \$251.00	<input type="checkbox"/> \$174.00	<b>\$425.00</b>
Add 2+ Dependents	<input type="checkbox"/> \$502.00	<input type="checkbox"/> \$348.00	<b>\$850.00</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Amount Due			\$

- Extended Health (including Emergency Travel) & Dental is administered by Medavie Blue Cross under Group # 009966400
- Students must be enrolled in Single Coverage in order to enroll in Family Coverage.**
- Family Rates **DO NOT** Include Single Rates
- Dependents must have proper provincial or equivalent insurance to qualify.

**Secure online payment information will be sent to you once your application paperwork is received and complete.**

*\*Legal Sex information is required to activate your coverage with the Benefit Provider. Student VIP acknowledges that legal sex may not necessarily match the gender identity of our clients. Should you have questions or require more information please reach out to [info@studentvip.ca](mailto:info@studentvip.ca) directly.*

## Dependant Information

Only complete if **Family** Coverage is requested, use additional sheets if necessary

- If dependant is over 21 but under 25, proof of full-time student status is required
- If relationship to student is common-law partnership, please provide date of cohabitation

Dependants First & Last Name	Legal Sex*	Relationship to Insured Student (include date of cohabitation if common-law)	Date of Birth		
			Yr.	Mo.	Day
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
	<input type="checkbox"/> Male <input type="checkbox"/> Female				

## Student Authorization:

I understand the information I provide on this form will be used by the UWSA Health Plan Office and the financial services of the university for the purposes of administering my student health benefits. I also understand that relevant information may be exchanged with the applicable insurer and/or third party insurance administrator acting on behalf of the insurer, as deemed necessary for the purposes of administration of my student health benefits, validation of the status of my insurance coverage, and determining any eligibility for claimed benefits. I hereby authorize the UWSA Health Plan Office to exchange any relevant and necessary information with such parties for such purposes. If I am applying for coverage for my eligible dependents, I confirm I am authorized to act on their behalf for such purposes. I declare that the statements made on this form are complete and true. I understand that if any statement is incomplete or false, any coverage granted may be voided. Any true copy of this authorization shall be considered as valid as the original.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit with Payment To: UWSA Student Health Plan Office, CAW Student Centre, Room 209

## Inquiries:

- If you have general questions regarding your student health benefits, inquire at the UWSA Health Plan Office - CAW Student Centre, Room 209  
University of Windsor Phone: (519) 253- 3000 x3600 Email: [uwsa@uwindsor.ca](mailto:uwsa@uwindsor.ca)

## BUSU Health Plan Office Use Only

Date Application Received: _____ Year Mo. Day	Initials of Receiver: _____	Total Amount Paid: _____
Application: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Reason if Declined: _____	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order

University of Windsor and University of Windsor Students' Alliance are committed to protecting the privacy, confidentiality, accuracy and security of personal information it collects, uses, retains or exchanges in the necessary conduct of our business.