

Health & Dental Benefits Enrolment Request Form

For Continuing & Distance Education Students



ASSINIBOINE COLLEGE
STUDENTS' ASSOCIATION | SA

Student Information

Student ID: _____ Type of Student: _____ Distance Education _____ Continuing Education _____ Legal Sex*: _____ Male _____ Female

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 directly.

First Name: _____ Last Name: _____

E-mail Address: _____ Date of Birth: _____

Mailing Address at School:

Street No. _____ Apt#: _____

City: _____ Prov. _____ Postal Code: _____

Home Province: _____ Same as Above _____ Other: _____

Application for Coverage

Students must be enrolled in Single coverage in order to be eligible to enroll in Family coverage.

I wish to Opt-In for: _____ Single Coverage: \$248.00 _____ + 1 Dependant: \$248.00 _____ + 2 or more Dependents: \$372.00 Total Due: \$ _____

Dependant Information (Use additional sheets if necessary)

- Dependants over age 21 but under 25 must show proof of full-time student status.
- Common-Law Partners must provide date of cohabitation.
- All dependants listed must have provincial or equivalent coverage in place to be eligible for the benefits, this is the students responsibility.

| Dependant(s) 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 ACSA and the financial services of the college 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 ACSA 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: AC Student Association, 1430 Victoria Ave E., Room 413
Cheque, Bank Draft or Money Order payable to AC Students' Association

Inquiries:

- If you have general questions regarding your student health benefits, inquire with Student VIP -
- E-mail: info@studentvip.ca, Phone: 1-888-918-5056

| For Office Use Only | | | |
|---------------------|--------------|-------------|----------------|
| Date Received | Received By: | Amount Paid | Payment Method |
| | | \$ | |