## APPLICATION TO OPT-OUT OF THE INTERNATIONAL STUDENT HEALTH PLAN





## MANITOBA HEALTH OPT-OUT

As an International student at Assiniboine Community College, you are automatically enrolled in the Assiniboine Community College (ACC) International Student Health Plan. Students who have active coverage through Manitoba Health may be eligible to opt out. To be eligible to opt out of the ACC International Student Health Plan you must submit this form to the ACCSA Health Plan Office. You must present this completed form and proof of your valid Manitoba Health card at your earliest convenience. Your refund will be for the remaining months in the calendar year based on the 1st day of the 1st month after we receive your completed application. Refunds will not be backdated. In addition, you will only be refunded for the full months in which your Manitoba Health card is active and in force.

PERSONAL INFOR	MATION			
First Name:		Last Name:		
Date of Birth (MM/DD/	YYYY): S	tudent ID #:		
Email:		Home Country:		
Telephone: ( )				
Study Dates: I started classes for the  MANITOBA HEALT		September 20	Please check ONE(1) January 20 Ma	ay 20
Manitoba Health Numbe				
Effective Date (MM/DD/Y	YYY):	Expiry Date (MM/DD/Y	YYY):	
RELEASE & WAIVE	R			
I have chosen to opt out of the ACC International Student Health Plan provided by the ACCSA and to maintain my health coverage through Manitoba Health (my alternate insurance coverage).  I acknowledge that I am fully responsible for all costs and expenses related to medical treatment and services not covered by Manitoba Health.  I AGREE TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the ACCSA and Assiniboine Community College, their directors, officers, employees, agents, representatives, successors and assignees (the "Releasees") and TO RELEASE THE RELEASES jointly and severally, of and from any and all liability for any losses, damages, expenses and claims arising out of or in connection with my opting out of the ACC international students health plan or with my maintaining Alternate Insurance (Manitoba Health). This agreement is binding upon my heirs, next of kin, executors, administrators and assignees. This agreement shall be governed by and interpreted solely in accordance with the laws of Manitoba.				
I authorize the Assiniboine Community College Students' Association ("ACCSA") and Assiniboine Community College, Cowan Insurance Group, and C&C Insurance Consultants to collect and exchange personal information about me and/or my dependents to process claims and administer my plan. I understand any personal information obtained by these entities will be kept confidential and, where necessary, will be exchanged with any health care practitioner, medical facility or provider of healthcare/dental service, Cowan Insurance Group, any provincial health insurance plan, insurance company or re-insurer, auditing or independent investigative organization, and financial institution, applicable to the day-to-day scope of this benefit plan.				
By opting out, your International Student Health Plan Wallet card may no longer be active. The effective and termination dates on your current wallet card may no longer be valid. Please consult the health plan office for more information.				
	stand that if I elect to opt out of coverag of the premium paid if a claim has been p		nd	
Student Signature:			Date:	
Staff Signature:				