studentVIP

# Late Arrival Family Opt-In Enrollment Form

AUSU

## Student's Information

**Student I.D.#** _____ **Status** ☐ **Full-Time Student (12 credits/F/W semesters)** ☐ **Registered with Learning Centre**

**Student's Name:** _____ **Legal Sex*:** ☐ **Male** ☐ **Female**

**Date of Birth:** _____ (Year Mo. Day) **Telephone #** ( ) _____

**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.*

**Student's Personal E-mail Address:** _____

**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

- Student health coverage automatically includes Student Accident Insurance provided by **Wawanesa Insurance under Policy NAV1001**
- Extended Health (including Emergency Travel) & Dental is administered by Medavie Blue Cross under Group # 0091931000

Please note: Proof of your family's arrival must be provided in order to be eligible (Ex. Boarding Pass, E-Ticket)

Opt-In Application for family coverage must be submitted within **30 days** of your family's arrival

Cost for **Family Coverage** is in **addition** to cost for single coverage.

**Request for Family* Coverage**

Complete this section **only if** requesting additional coverage for spouse, common-law partner, and/or dependant children. **Dependants must have proper provincial or equivalent insurance to qualify.**

| | Fall Term | Winter Term | Spring Term |
|---|---|---|---|
| **1 Dependant** | ☐ $320.00 | ☐ $320.00 | ☐ $175.00 |
| **2 or more Dependants** | ☐ $520.00 | ☐ $520.00 | ☐ $220.00 |

*Student must be enrolled with Single Coverage to enroll eligible family members.

## Dependant Information

Use additional sheets if necessary

- If dependent 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
- All dependants must have valid provincial coverage (or alternative coverage) in effect at time of enrollment.

| Dependants First & Last Name | Legal Sex* | Relationship to Insured Student *(include date of cohabitation if common-law)* | Date of Birth Yr. | Mo. | Day |
|---|---|---|---|---|---|
| | ☐ Male ☐ Female | | | | |
| | ☐ Male ☐ Female | | | | |
| | ☐ Male ☐ Female | | | | |

## Student Authorization:

I understand the information I provide on this form will be used by the AUSU Student 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 AUSU 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 Proof of Arrival and Payment To**: Student Accounts, Algoma University, SH312 1520 Queen St. E., Sault Ste. Marie, ON P6A 2G4

**Cheque or money order payable to the Algoma University accepted.**

**Inquiries**:

- If you have general questions regarding your student health benefits, please contact the AUSU General Manager
  E-mail: generalmanager@ausu.algomau.ca or phone 705-949-2301 x4719

## AUSU Health Plan Office Use Only

**Date Application Received:** _____ (Year Mo. Day) **Initials of Receiver:** _____ **Total Charged to Student Account:** _____

**Application:** ☐ **Accepted** ☐ **Declined** **Status verified** ☐ **Reason if Declined:** _____

Algoma University and the Algoma University Students' Union 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.