

SINGLE/FAMILY OPT-IN TO THE INTERNATIONAL STUDENT HEALTH PLAN



PERSONAL INFORMATION

First Name:

Last Name:

Student ID #:

Date of Birth (MM/DD/YYYY):

Legal Sex*: Male Female

If you are over the age of 65 you are not eligible for this plan and must purchase alternate coverage. Insurance guidelines mandate that we collect data on the legal sex of all applicants.

Nova Scotia Address:

City/Town:

Postal Code:

Province:

Telephone: ()

Email:

Home Country:

Please indicate what campus you are studying at:

Halifax

Truro

BENEFICIARY & EMERGENCY CONTACT INFORMATION (FOR ACCIDENTAL DEATH BENEFITS)

Name of Beneficiary*:

Relationship to you:

**If a beneficiary is not appointed, AD&D benefits will be payable to the applicants estate.*

Emergency Contact Name:

Telephone: ()

DEPENDANT INFORMATION (COMPLETE THIS SECTION ONLY IF YOU REQUIRE COVERAGE FOR YOUR SPOUSE AND/OR CHILDREN IN NOVA SCOTIA)

Name of Child:

Date of Birth (MM/DD/YYYY):

Sex: Male Female

Name of Child:

Date of Birth (MM/DD/YYYY):

Sex: Male Female

Name of Child:

Date of Birth (MM/DD/YYYY):

Sex: Male Female

Name of Child:

Date of Birth (MM/DD/YYYY):

Sex: Male Female

LATE ENROLMENT (COMPLETE ONLY IF STUDENT IS A LATE APPLICANT)

Reason:

Student Omitted from September/January Roster

Student registered late at school - Date of Registration

Student Enrolled in a different plan

Other (Please Specify):

Definition of late enrolment: If the enrolment application is received more than 30 days after the requested effective date, coverage is effective on the date the application is signed.

*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.

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MEDICAL INFORMATION

Do you or any of your eligible dependants require immediate medical attention? No
Yes *If yes, please contact our office immediately for confirmation of coverage.*

Please confirm if you or a dependant are pregnant*: No
Yes, I/my dependant is currently pregnant
Please contact our office immediately for coverage for you and your newborn.

**Pregnancy will not be covered unless all policy qualifications are met. Please review the policy benefits and exclusions for coverage qualifications for pre-existing conditions such as pregnancy.*

PREMIUM DUE

Policy Effective Date:
(DD/MM/YYYY)

Policy Term Date:
(DD/MM/YYYY)

PREMIUM DUE	SINGLE	FAMILY*	TOTAL PREMIUM
Fall Term	\$740.74	\$1,123.32	
Winter Term	\$493.83	\$748.88	
Spring/Summer Term	\$246.92	\$374.44	
Total Amount Due:			

** Student must already be enrolled in or be enrolling in Single coverage in order to opt-in dependants*

** Family pricing is subject to family who arrive at the same time of the student. Late family enrollments are subject to a different pricing schedule, please contact administrator for pricing.*

This form is for coverage under the DSU International Student Plan only. If you or your dependants require drug and dental coverage you must complete an opt-in form for the DSU Health and Dental Benefits.

AGREEMENT & CONSENT

I/We understand that the DSU International Student Health Insurance Policy is subject to exclusions, conditions, and limitations. I authorize the DSU, Medavie Blue Cross™, C&C Insurance Consultants Ltd. to collect and exchange personal information about me and/or my dependants 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 practitioners, medical facility or provider of health care/dental service, 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 benefits plan.

Student Signature:

Date:

Spouse* Signature:

Date:

** If family coverage is required*

PROVINCIAL MEDICAL SERVICES INSURANCE (MSI)

Students attending school in Nova Scotia can apply for MSI on the 1st day of the 13th month following the date of arrival in Nova Scotia. **Please complete the following:**

When did you arrive in Nova Scotia?
(DD/MM/YYYY)

Since your arrival, have you traveled outside of Nova Scotia for a period longer than 31 days? No *If you answered 'yes' to the above question, you may not be eligible for MSI benefits this year.*
Yes

Application processed by Staff (please initial here):

Date (DD/MM/YYYY)