



# 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 AUArts 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

	Health & Dental
Add 1 Dependant	<input type="checkbox"/> \$357.00
Add 2 Dependents	<input type="checkbox"/> \$726.00
Add 3 Dependents	<input type="checkbox"/> \$946.00
Amount Due:	\$ _____

Student health coverage automatically includes Student Accident Insurance provided by Chubb Insurance under Policy SG10458117

**Students must be enrolled in Single Coverage in order to enroll in Family Coverage.**

Family Rates **DO NOT** Include Single Rates

Dependants must have proper provincial or equivalent insurance to qualify.

**Payment made at AUArts SA Office by Debit, Visa, or MasterCard.**

\*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

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 the AUArts SA Office and the financial services of the university for the purposes of administering my student health plan. 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 plan, validation of the status of my insurance coverage, and determining any eligibility for claimed benefits. I hereby authorize the AUArts SA 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: AUArts Students Association Office, Room 335, 1407 14th Ave. NW, Calgary, AB T2N 4R3

## Inquiries:

- If you have general questions regarding your student health plan, inquire at the AUArts Students Association Office, Room 335, Alberta University of the Arts  
Phone: (403) 284-7625 Email: [office.sa@auarts.ca](mailto:office.sa@auarts.ca)

## AUArts SA 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

AUArts and the AUArts Students' Association 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.

07.08.25