



Health & Dental Plan Enrollment Request Form

Student Information

Student I.D.# _____

Gender: Male Female
 Prefer Not to Say

Student's Name: _____

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

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 Deadline: Fall: September 26, 2014

- Student health coverage automatically includes Student Accident Insurance provided by ACE INA Insurance.
- Extended Health (including Emergency Travel) & Dental is administered by RWAM Insurance Administrators under RWAM Group # 490020
- **Students must be enrolled in Single coverage in order to be eligible to enroll in Family coverage.**

	Single	Family
Fall	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$408.44
Winter	<input type="checkbox"/> \$318.18	<input type="checkbox"/> \$274.27

Dependent 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

Dependents First & Last Name	Gender	Relationship to Insured Student <small>(include date of cohabitation if common-law)</small>	Date of Birth		
			Yr.	Mo.	Day
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say				
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say				
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say				

Student Authorization:

I understand the information I provide on this form will be used by the Trent GSA 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 Queens Trent GSA 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: Student VIP ATTN: Becky Ambrose 6-22425 Jefferies Rd., Komoka ON, NOL 1R0
Cheque or Money Order payable to C&C Insurance Administrators Inc. Those paying with credit cards must enroll online at www.studentvip.ca/tgsa

Inquiries:

- If you have general questions regarding your student health plan, inquire with Student VIP - E-mail: info@studentvip.ca, Phone: 1-888-918-5056
- If you have specific, confidential questions about your application, call RWAM's Administration Department at 1-877-888-7926, or e-mail inquiry@rwam.com

Office Use Only

Date Application Received: _____ Initials of Receiver: _____ Total Amount Paid: _____
Year Mo. Day

Application: Accepted Reason if Declined: _____ Payment Method: Cash
 Declined Cheque
 Money Order