



To complete an enrolment, you must return this form with a cheque or money order payable to studentcare.net/works by the deadline. **Only new Winter semester students are allowed to enrol themselves and/or their dependants.**

**1 INFORMATION ABOUT THE STUDENT**

Student ID Number	Last Name	First Name	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (Jan/01/1980)
Address		City	Province	Postal Code
Phone Number Home: ( ) Other: ( )		Email Address		Province of Canadian health-care coverage

**2 SELF-ENROLMENT**

If you were already billed for the Health and Dental Plan fee by the university, you do not need to fill out this section.

If the university did not bill you automatically, but you are eligible for the Plan, you must fill out this section and **provide proof of eligibility** (ex: tuition statement).

For new distance education students or students registered in programs based outside the Lower Mainland and students enrolled in the Professional Development Program (PDP). Health Plan <input type="checkbox"/> \$77.50      Dental Plan <input type="checkbox"/> \$105.50      Health & Dental Plans <input type="checkbox"/> \$183.00	<b>Amount for self-enrolment (if applicable)</b> \$ _____
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**3 FAMILY ENROLMENT**

Please note that the additional fees for the enrolment of a spouse and/or child(ren) do not include fees related to the student's participation in the Plan.

Adding one (1) dependant (spouse or child) Health Plan <input type="checkbox"/> \$77.50      Dental Plan <input type="checkbox"/> \$105.50      Health & Dental Plans <input type="checkbox"/> \$183.00	<b>Amount for family enrolment</b> \$ _____
Adding two (2) or more dependants (spouse and/or any number of children) Health Plan <input type="checkbox"/> \$129.17      Dental Plan <input type="checkbox"/> \$175.83      Health & Dental Plans <input type="checkbox"/> \$305.00	

**4 ENROLMENT FEES**

Add fees from sections 2 and 3: \$ \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Date Received:		\$	Date SASS:				Initials				
<b>FALL</b>						<b>WINTER</b>					
Student		Couple		Family		Student		Couple		Family	
Health	Dental	Health	Dental	Health	Dental	Health	Dental	Health	Dental	Health	Dental

**5 DEPENDENT INFORMATION**

Family Name	First Name	Relationship (spouse/child)	Sex M/F	Date of Birth Jan/01/1980

**6 DEPENDENT ELIGIBILITY**

Your **spouse** by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least 1 year, is an eligible dependent. You can only cover one spouse at a time.

Your **children** and your spouse's children (other than foster children) are eligible dependants if they are not married or in any other formal union recognized by law, and are under age 22. A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependant until the age of 26 as long as the child is entirely dependent on you for financial support. You need to provide a proof of the child's full-time status. If your child is over 21 years old, is handicapped and is entirely dependent on you for financial support, he/she is eligible.

These benefits are underwritten by Sun Life Assurance Company of Canada. *CanAssistance* (Manitoba Blue Cross) provides the travel insurance.

**7 INSTRUCTIONS**

Please return the form to [studentcare.net/works](http://studentcare.net/works) between **January 4 and 15, 2010**.

Include a cheque or money order **payable to studentcare.net/works** for the amount written in section 4. Please, write your ID number on the cheque or money order.

Send this form with your payment by mail to **1134 St. Catherine West, Suite 700, Montreal, QC, H3B 1H4**.

There is a \$25 administration fee for enrolment reimbursements.

Only new Winter semester students are eligible for enrolment.

Coverage is valid from January 1 until August 31, 2010.

**8 AUTHORIZATION**

I understand that the coverage of my spouse/dependants is contingent upon my enrolment in the Plan. If I cease to be eligible for the Plan, then my dependent coverage will be terminated.

I am authorized to disclose information about my spouse and dependants for the purpose of enrolling them in the Plan.

By enrolling in this Plan, I authorize the following:

Sun Life Assurance Company of Canada, its agents and service providers to use the information on this form to underwrite, administer and pay claims.

[studentcare.net/works](http://studentcare.net/works) and its agents to use the information on this form for benefits administration.

Unless in I indicate otherwise below, I agree that my name and address may be used by [studentcare.net/works](http://studentcare.net/works) before August 31, 2010 to inform me about other insurance products and services specially developed for students. I understand that I can withdraw this consent at any time.

I refuse permission

Signature : \_\_\_\_\_

Date : \_\_\_\_\_