

FAMILY APPLICATION OPT IN FORM

This form will enable you to apply for Family health coverage which is also available at an additional cost indicated below in the corresponding application section. **This form must be returned directly to ACL before the deadline dates shown below.**

PLEASE MAKE CERTIFIED CHEQUE OR MONEY ORDER PAYABLE TO: ACL Student Benefits
1 Yonge Street, Suite 1200
Toronto, Ontario, M5E 1E5
Toll Free: 1 – 800 – 315 – 1108

Surname: _____ First Name: _____

Student ID#: _____ DOB: y/____ m/____ d/____ Gender: M____ F____ Date: _____

Home mailing address : _____ City _____ Postal Code _____

Phone Number: _____ Campus: _____ E-mail Address: _____

PLEASE ENROLL THE FOLLOWING MEMBERS OF MY FAMILY: (If more space is required, attach separate list)

Fall Deadline: Monday September 30, 2016 Winter Deadline: Friday January 27, 2017

FAMILY OPT-IN

- **To be eligible, all dependants must have current OHIP or equivalent coverage.**
- **I understand this coverage terminates at the end of the school year for which I am registered or date of withdrawal, whichever is earlier**

_____ Surname	_____ First Name	_____ y/____ m/____ d/____ DOB	_____ Relationship to Student
_____ Surname	_____ First Name	_____ y/____ m/____ d/____ DOB	_____ Relationship to Student
_____ Surname	_____ First Name	_____ y/____ m/____ d/____ DOB	_____ Relationship to Student
_____ Surname	_____ First Name	_____ y/____ m/____ d/____ DOB	_____ Relationship to Student

I wish to apply for: **\$150.00 HEALTH BENEFITS (8% tax included)**
 (indicate by checkmark) **\$125.00 HEALTH BENEFITS (Single Parent with One Dependent) (8% tax included)**

I wish to apply for the Canadore Students' Council Health Plan for the Dependents registered above and agree to be bound by the benefit plan terms and conditions.

SIGNATURE OF STUDENT _____

- Family Prescription Drug cards will be mailed directly to the address listed above. Please allow 30 days from application date for processing and delivery.
- **“SPOUSE”** as used herein means the legal spouse of the Insured Student provided there is no legal separation in effect, or an individual of the opposite sex or same who has been Residing with the Insured Student for a period of at least one year and who has been designated as the spouse of the Insured Student in Canadore Students' Council records for insurance purposes, up to the spouse's 70th birthday, is a resident of Canada and is covered under the provincial health insurance plan.
- **“DEPENDENT CHILD OR CHILDREN”** as used herein means any natural child, step-child or legally adopted child of the Insured Student, who is 20 years of age and under, unmarried, and receives full support and maintenance from the Insured Student, or 21 years of age but less than 25 years of age, unmarried, and receives full support and maintenance from the Insured Student for reason of full-time attendance at an accredited institute, college or university in Canada or receives full support and maintenance from the Insured Student by reason of mental or physical infirmity, is a resident of Canada and is covered under the provincial health insurance plan.

Freedom of Information and Protection of Privacy Act

In accordance with the Freedom of Information and Protection of Privacy Act, this is to advise you that the personal information collected on this form will be used for administrative purposes by Canadore Students' Council and will be submitted to the insurance broker and carrier to process your coverage. Any questions concerning the collection of this information may be directed to the Canadore Students' Council.