



OPT IN FORM

Extended Health & Dental Benefits

Scarborough Campus Students' Union

IMPORTANT INFORMATION

The Scarborough Campus Students' Union full time students benefits plans are supplemental coverage to basic medicare, providing coverage for medical expenses not covered by provincial medicare, such as prescription drugs, dental care, vision and travel. The benefits provided to full time students can be extended to as a spouse and/or dependent children, as well as co-op students on work term or part time students registered with the Accessibility Centre.

Full Time Students enrollment to Couple or Family Coverage

- Full time student must have coverage under the SCSU Health & Dental Plan.
- Proof of enrollment is required.(ROSI Invoice)
- Couple or Family Coverage applies to dependents such as spouse (including a common law or same sex partner) and/or children. All dependent children must be under the age of 21, unless in a post-secondary school in full time studies then up to age 25. Dependents do not include your parents, brother or sisters.

Co-op Student on Work Term enrollment to SCSU Individual Plan

- Must be on Co-op work term.
- Proof of enrollment is required (ROSI Invoice)

Part Time Student registered with Accessibility Centre enrollment to SCSU Individual Plan

- Must be enrolled in course at UTSC and registered with Accessibility Centre.
- Proof of enrollment is required (ROSI Invoice)
- Letter from Accessibility Centre is required as proof of registration

Coverage Period:

Fall 2017 Full Time Student: September 1, 2017 – December 31, 2017

Winter 2018 Full Time Student: January 1, 2018 – August 31, 2018

Premium

PLANS	HEALTH	DENTAL	SOCIETY FEE
INDIVIDUAL (CO-OP WORK TERM OR PT STUDENT)	\$74.83/Semester	\$94.57/Semester	\$26.38/Semester *Fee applies to co-op work term students
COUPLE COVERAGE (1 DEPENDENT)	\$123.55/Semester	\$176.35/Semester	
FAMILY COVERAGE (2+ DEPENDENTS)	\$175.51/Semester	\$258.25/Semester	

Please complete the following form and return with the appropriate fees in person to:

Scarborough Campus Students' Union
1265 Military Trail, Student Centre, SL-108
Toronto, ON M1C 1A4

Payment Method Accepted: Cash or Debit

STUDENT INFORMATION

Last Name	First Name	Initial	Date of Birth MM / DD / YYYY	Gender
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Student Number	Email Address		Phone Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Street Name	Unit#	City	Province	Country
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

FAMILY INFORMATION

Relationship	Last Name	First Name	Date of Birth MM / DD / YYYY	Gender
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Relationship	Last Name	First Name	Date of Birth MM / DD / YYYY	Gender
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Relationship	Last Name	First Name	Date of Birth MM / DD / YYYY	Gender
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Relationship	Last Name	First Name	Date of Birth MM / DD / YYYY	Gender
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

ENROLMENT

PLANS	FEE	FALL 2017	WINTER 2018
INDIVIDUAL	HEALTH: \$74.83/Semester		
	DENTAL: \$94.57/Semester		
COUPLE COVERAGE	HEALTH: \$123.55/Semester		
	DENTAL: \$176.35/Semester		
FAMILY COVERAGE	HEALTH: \$175.51/Semester		
	DENTAL: \$258.25/Semester		

BY COMPLETING THIS APPLICATION FORM YOU AGREE TO THE FOLLOWING:

I understand that information provided above is required for me to provide extended health and dental benefits that as a co-op student or for my spouse and/or dependent children. I further understand that the Accidental Death and Dismemberment benefits offered are for members only and are NOT available to my spouse and/or dependents. I authorize the use of this information where it is required in the administration of benefits. I am aware that this information will not be used in any manner except to provide coverage through the student group benefits plans, and/or administration of this plan. I confirm that all information provided above is accurate.

OFFICE USE ONLY

Current Student Status: Full Time Student
 Coop Work Term Student
 Part Time Student with Accessibility

Opt In Form Complete & Copy of ROSI Invoice Attached

 Copy of Payment Receipt Attached

Processed By:

 Signature

 Date: