

HUMBER COLLEGE 2009-2010 FAMILY OPT IN APPLICATION FORM

This form will enable you to opt in your family for health benefits for the school year. Please fill in the corresponding application section below and mail to the address on the form.

STUDENT INFORMATION

PLEASE PRINT CLEARLY

Surname: _____ First Name: _____

Student ID#: _____ DOB: y/____m/____d/____ Gender: M____F____ Date: _____

Home mailing address: _____ City _____ Postal Code _____

Phone Number: _____ Campus: _____ Name of Program: _____

**FAMILY
OPT-IN**

PLEASE ENROLL THE FOLLOWING MEMBERS OF MY FAMILY:

- To be eligible, all dependants must have current OHIP or equivalent coverage.
- I understand this coverage terminates at the end of the semester for which I am registered or date of withdrawal, whichever is earlier
- You are only eligible to opt-in family members before the deadline dates shown below. Should you not purchase family coverage prior to the deadline date of your first semester, you WILL NOT be able to purchase family coverage at any other time during the current school policy year. The Deadline dates shown below will not be extended.

OPT IN DEADLINE

September Start

Fall Semester: October 9, 2009 @ 4:00pm

January Start

Winter Semester: February 12, 2010 @ 4:00pm

May Start

Summer Semester: June 11, 2010 @ 4:00pm

Surname	First Name	y/____m/____d/____	Relationship to Student
		DOB	
Surname	First Name	y/____m/____d/____	Relationship to Student
		DOB	
Surname	First Name	y/____m/____d/____	Relationship to Student
		DOB	
Surname	First Name	y/____m/____d/____	Relationship to Student
		DOB	

- I wish to apply for:**
- \$ 64.00 HEALTH BENEFITS (Taxes Included) (one dependent)
 \$ 121.00 DENTAL BENEFITS (Taxes Included) (one dependent)
 \$ 30.00 EXTENDED HEALTH CARE BENEFITS (Taxes Included) (one dependent)
- (indicate by checkmark)

SHOULD YOU HAVE TWO OR MORE DEPENDENTS PLEASE SEE COSTS BELOW

- \$ 119.00 HEALTH BENEFITS (Taxes Included) (two or more dependents)
 \$ 225.00 DENTAL BENEFITS (Taxes Included) (two or more dependents)
 \$ 56.00 EXTENDED HEALTH BENEFITS (Taxes Included) (two or more dependents)

I wish to apply for The Humber College Student Health Plan for the dependents registered above and agree to be bound by the benefit plan terms and conditions.

PLEASE MAKE CERTIFIED CHEQUE OR MONEY ORDER PAYABLE TO:

ACL Student Benefits
1 Yonge Street, Suite 1200
Toronto, ON
M5E 1E5
Toll Free: 1 – 800 – 315 – 1108

SIGNATURE OF STUDENT: _____ **DATE** _____