

Student Health Coverage Enrolment/Add-On Part-Time Students and/or Family Opt-In



Student Inform	mation									
Student I.D.#			Status:	☐ Part-Time	☐ Full-Time					
Student's Nar	me:					Legal Sex*: □ Ma	le □F	emale		
						*Legal Sex information is req Student VIP acknowledges th	uired to activate y	our coverage v	vith the Benefit Pr match the gende	
ate of Birth:		Mo. Day	relepn	one # <u>(</u>	,	of our clients. Should you have to info@studentvip.ca directly	re questions or re	quire more info	rmation please re	
tudent's Per	rsonal E-mail Ad	ddress:								
	dress while at u				Apt./Unit#					
			No./Street			City/Town	Prov.	Po	stal Code	
tudent's Per	rmanent Home I	Province:	☐ Same as A	bove Or	Other:					
pplication f	or Coverage	De	eadlines:	Fall: Sept. 2	22, 2023 Win t	ter (New Students Or	nly): Jan.	19, 2024	4	
						Insurance under Policy S s under Group # 0091941)9		
		2023-24 0	Opt-In Fees							
		Health	Dental		 Dependants insurance to 	s must have proper provir qualify.	icial or equ	ivalent		
Single S	tudent (part time)	□ \$246.48	\$146.21		Students must be enrolled with Single Coverage to enroll					
Family ((1 Dependant)	□ \$432.58	□ \$292.42		family memb	pers es do not include Single c	overege			
Family ((2 Dependants)	□ \$532.58	□ \$392.42	_	•	s do not include Single c until August 31, 2024	overage.			
Additional	Add-Ons/ per person*	- +\$100.00	+ \$100.00			_				
If relationship to student is common-law partnership, please provide date of o				f cohabitation Legal Sex		nip to Insured Student of cohabitation if common-law)				
				☐ Male ☐ Fer	male		- 11.		Duy	
				□ Male □ Fer	male					
				□ Male □ Fer	male					
				☐ Male ☐ Fer	male					
tudent health bene s deemed necessa enefits. I hereby au	ormation I provide on the offits. I also understand arry for the purposes of uthorize the ULSU Heagible dependents, I con	that relevant infori administration of i ilth & Dental Bene ifirm I am authoriz	mation may be extended the matter than the mat	changed with the ap benefits, validation ange any relevant a behalf for such purp	pplicable insurer and/or of the status of my insurand necessary informationses. I declare that the	al services of the university for the third party insurance administration and determinion with such parties for such protection on this form orization shall be considered as	ator acting on ng any eligibi urposes. If I a are complete	behalf of th lity for claim m applying and true. I	ie insurer, ied	
						Date				
nderstand that if ar	ature:									
nderstand that if an tudent's Signa S	Submit with Paymen			*	,	Drive, Lethbridge, AB T1K 3	M4			
tudent's Signa S C quiries: If you have g	Submit with Paymen Credit Card, Cash, C	heque or Mone	y Order payable ent health plan, i	to the University	y of Lethbridge Stude	Drive, Lethbridge, AB T1K 3 ents' Union accepted. n Office - Room SU180, 4401		ive, Lethrbri	dge, AB	
nderstand that if an tudent's Signa S C nquiries: If you have g Phone: 403-	Submit with Paymen Credit Card, Cash, C	heque or Mone arding your stud health@uleth.ca	y Order payable ent health plan, i	to the University	y of Lethbridge Stude	ents' Union accepted.		ive, Lethrbri	dge, AB	
nderstand that if an itudent's Signa S C nquiries: If you have g Phone: 403-	Submit with Paymen Credit Card, Cash, C general questions reg 329-2039 E-mail: su Plan Office Use	heque or Mone arding your stud health@uleth.ca	y Order payable ent health plan, i	to the University	y of Lethbridge Stude	ents' Union accepted.	University Dri		dge, AB	

☐ Credit Card