

Student Information

Student I.D.# _____ **Status:** Part-Time Full-Time
Student's Name: _____ **Legal Sex:** Male Female
Date of Birth: _____ **Telephone # ()** _____
Year Mo. Day
Student's Personal E-mail Address: _____
Student's Address while at university: _____
No./Street Apt./Unit# City/Town Prov. Postal Code
Student's Permanent Home Province: Same as Above **Or** Other: _____

Application for Coverage Deadlines: **Fall:** Sept. 20, 2024 **Winter (New Students Only):** Jan. 24, 2025

- Student health coverage automatically includes Student Accident Insurance provided by Chubb Insurance under Policy SG10458109
- Extended Health (including Emergency Travel) & Dental is administered by Medavie Blue Cross under Group # 0091941000

	2024-2 Opt-In Fees	
	Health	Dental
Single Student (part time)	<input type="checkbox"/> \$256.55	<input type="checkbox"/> \$135.00
Family (1 Dependent)	<input type="checkbox"/> \$513.10	<input type="checkbox"/> \$270.00
Family (2 Dependents)	<input type="checkbox"/> \$613.10	<input type="checkbox"/> \$370.00
Additional Add-Ons/ per person*	<input type="checkbox"/> +\$100.00	<input type="checkbox"/> +\$100.00

- Dependents must have proper provincial or equivalent insurance to qualify.
- Students must be enrolled with Single Coverage to enroll family members
- Family Rates do not include Single coverage.
- Benefits run until August 31, 2023

*For each additional member: Charge \$100 for Health and \$100 for Dental

Dependent Information Only complete if **Family** Coverage is requested, use additional sheets if necessary

- If dependent child is over 21 but under 25, proof of full-time student status is required
- If relationship to student is common-law partnership, please provide date of cohabitation

Dependents First & Last Name	Legal Sex	Relationship to Insured Student <small>(include date of cohabitation if common-law)</small>	Date of Birth		
			Yr.	Mo.	Day
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
	<input type="checkbox"/> Male <input type="checkbox"/> Female				

Student Authorization:

I understand the information I provide on this form will be used by the ULSU Health & Dental Plan Office and the financial services of the university for the purposes of administering my student health benefits. I also understand that relevant information may be exchanged with the applicable insurer and/or third party insurance administrator acting on behalf of the insurer, as deemed necessary for the purposes of administration of my student health benefits, validation of the status of my insurance coverage, and determining any eligibility for claimed benefits. I hereby authorize the ULSU Health & Dental Benefits Office to exchange any relevant and necessary information with such parties for such purposes. If I am applying for coverage for my eligible dependents, I confirm I am authorized to act on their behalf for such purposes. I declare that the statements made on this form are complete and true. I understand that if any state-ment is incomplete or false, any coverage granted may be voided. Any true copy of this authorization shall be considered as valid as the original.

Student's Signature: _____ **Date** _____

Submit with Payment To: ULSU Health & Dental Plan Office, Room SU180, 4401 University Drive, Lethbridge, AB T1K 3M4
Credit Card, Cash, Cheque or Money Order payable to the University of Lethbridge Students' Union accepted.

Inquiries:

- If you have general questions regarding your student health plan, inquire at the ULSU Health & Dental Plan Office - Room SU180, 4401 University Drive, Lethbridge, AB
- Phone: 403-329-2039 E-mail: su.health@uleth.ca

ULSU Health Plan Office Use Only			
Date Application Received: _____	Initials of Receiver: _____	Total Amount Paid: _____	
<small>Year Mo. Day</small>		Payment Method: <input type="checkbox"/> Cash	
Application:	Reason if Declined: _____	<input type="checkbox"/> Cheque	
<input type="checkbox"/> Accepted		<input type="checkbox"/> Money Order	
<input type="checkbox"/> Declined		<input type="checkbox"/> Credit Card	