



Want to opt-in family members? Please read this information first.

Please read the following detailed information prior to opting in your family members.

- The opt-in periods are as follows:

Students registered in the fall: Sept 1 – Oct 7, 2011

Students registered in the winter: Jan 3 – February 3, 2012

These periods and deadlines are strictly enforced. Students who miss their registration period will have to wait until the next academic year (September, 2012) to opt-in their family members.

The ONLY exceptions to these opt-in periods are:

- A child being born outside the opt-in periods (must be opted in by 30 days of date of birth)
- Change in marital status (must be opted in by 30 days of date of change in status)
- Spouse/Partner moving to Canada (must be opted in by 30 days of move)

- You can only opt-in spouses, partners or children.
- Full time students can add dependants to the health and/or dental plan. Part time students can add dependants to the dental plan only
- You cannot opt-in dependants for less than a year, and you cannot opt-in dependants unless you are a registered student.
- To process your opt-in form, we require payment via cheque or money order ONLY. Without a payment, your opt-in form will not be processed.
- For students opting in the fall term, the benefit period is from September 1, 2011 – August 31, 2012. For student opting in the Winter session, the benefit period is from January 1, 2012 – August 31, 2012.
- Please note that there is a blackout period to allow for names to be sent, processed and uploaded on the system. For fall opt-ins, the black out period extends to November 15, 2011. For winter opt-ins, the black out period extends to March 16, 2011. During this time you are able to use the plan, but cannot get reimbursed until after the blackout period is done. Please hold on to all receipts.
- You must opt-in your dependants every academic year if you want their coverage to continue. Their coverage WILL NOT automatically roll over to the new academic year.

OPT-IN FORM

Extended Health & Dental Benefits

University of Toronto Graduate Students' Union

The University of Toronto Graduate Students' Union benefits plans are supplemental coverage to basic Medicare, providing coverage for medical expenses not covered by provincial Medicare, such as prescription drugs and dental care. The benefits provided to graduating students can be extended to a spouse and/or dependent children. To add eligible dependents, complete the sections below and return this form and the appropriate fee (cheque payable to Graduate Students' Union. Students starting in September must return completed form and payment between September 1 to October 7th, 2011. Students starting in January must return completed form between January 3rd to February 3rd, 2012. Please return completed form with payment to:

Health and Dental Office, 16 Bancroft Avenue, Toronto, ON, M5S 1C1
Telephone: 416.978.8465 E-mail: health@utgsu.ca

For detailed plan information, visit: www.greenshield.ca/studentcentre

STUDENT INFORMATION: Please print all information clearly and ensure that your information is correct.

Last Name	First Name	Gender	Date of Birth DD MM YY
Mailing Address		City/Province	Postal Code
Academic Programme Name	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time	Programme Start Date DD MM YY	Student ID Number

FAMILY INFORMATION: Please print all information clearly and ensure that your information is correct.

Last Name	First Name	Gender	Date of Birth DD MM YY
Last Name	First Name	Gender	Date of Birth DD MM YY
Last Name	First Name	Gender	Date of Birth DD MM YY

BY COMPLETING THIS FAMILY APPLICATION FORM YOU AGREE TO THE FOLLOWING:

I understand that information provided above is required for me to provide the same extended health and dental benefits that I receive as a graduating student to my spouse and/or dependent children. 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.

X () | DD | MM | YY |

Student Signature	Telephone	Email	Date
	Students Starting in September 2011		Students starting in January 2012
Health Plan	Couple \$215.43	Family (3+) \$328.18	Couple \$143.62
Dental Plan	Couple \$146.74	Family (3+) \$238.11	Couple \$97.83
			Family (3+) \$218.79
			Family (3+) \$158.74

would like to purchase:

for the following plans: Health Plan Dental Plan
 for the following period: Sep 2011 to Aug 31, 2012 Jan 2012 to Aug 31, 2012

PLEASE MAKE THE CHEQUE PAYABLE TO THE GRADUATE STUDENTS' UNION

Processed By:	Health Only/Dental Only (BOTH)	Date DD MM YY
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