

Health Plan OPT-IN form



SOCIETY OF GRADUATE STUDENTS
THE UNIVERSITY OF WESTERN ONTARIO

As a SOGS member, a graduate student on leave or a UWO Post Doctoral Fellow, I am exercising my option to opt-in to the extended health plan provided by the Society of Graduate Students (SOGS) at UWO. I have received and read the information provided and agree to pay the opt-in premium.

Fall 2014	Single	+ 1 dependant	+ 2 or more dependants
Full Time	Included on Tuition Fee Bill	\$435.65	\$871.30
Part Time	\$633.90	\$1,249.50	\$1,865.00
LOA & Post-Doc *	\$674.75	\$1,290.30	\$1,905.85

Student Name: _____
Surname _____ First Name _____

Student Info: _____
E-mail address _____ Student Number _____

Date of Birth (MM/DD/YY) Male/Female (_____) Phone Number _____

Eligible Dependant(s) to be insured				
Please Print:	Surname	First Name	Gender	Date of Birth (MM/DD/YR)
Spouse:	_____	_____	_____	_____
Children:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

*** LOA & Post-Doctoral: I hereby certify the above is a Student on Leave or a Post-Doctoral Fellow and I have attached documentation validating his/her status**

Department Info: _____
Department Chair/ Supervisor _____ Signature _____

Department _____ Ext. # _____ E-mail _____

Opt-in deadline is last business day of the first month of your enrolment year

Student Signature: _____ **Enrolment Date:** _____