2017 -2018 Academic year Coverage runs through to August 31, 2018

Health Plan OPT-IN form

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.

Winter 2018	**Single**	**+ 1 dependant**	**+ 2 or more dependants**
FT – Non-residential	$394.00	$787.95	$1,181.90
Part Time	$563.50	$1,120.35	$1,677.15
*** LOA & Post-Docs**	$598.55	$1,155.40	$1,712.20

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

Deadlines:

Full-Time, Part-Time & Students on Leave	January 31
Post-Doctoral Fellows	Within 30 days of the contract start date

Student Signature: _____ **DATE:** _____