

Health Plan OPT-IN form



SOCIETY OF GRADUATE STUDENTS
THE UNIVERSITY OF WESTERN ONTARIO

As a SOGS member, 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 annual premium.

	Single	Family
Full Time	included on tuition fee bill	\$ 597.65
Part Time	\$ 582.91	\$ 1,362.36
LOA/Post-Doctoral	\$ 638.11	\$ 1,417.56

Student Name: _____
Surname First Name

Student Info: _____
E-mail address Student Number

Date of Birth (Month/Day/Year) Male/Female () Phone Number

**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/ SGPS Signature

Department Ext. # E-mail

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

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

Student Signature: _____ **Date:** _____