

APPLICATION FOR HEALTH and/or DENTAL COVERAGE



Brock University Students' Union

2nd Term Enrolments

Extended Health, Dental & Accident Insurance Program

Application must be submitted by January 22, 2010 for 2nd term enrolments.

There will be no exceptions or extensions after the above noted deadlines.

STUDENT STATEMENT

RWAM Group # 490007	Name of Student	Student I.D.#	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Student Address		Date of Birth (yy/mm/dd)	
		Telephone #	
		Email Address	

For accounting purposes – when applying for both health and dental coverage, two separate payments must be made.

I enclose the additional payment for: EHC coverage in the amount of \$77.00
 Dental coverage in the amount of \$60.00

Form of payment: Cash
 Cheque or Money Order (payable to Brock University Students' Union)

Signature of Student

Date

APPLICATION MUST BE SUBMITTED BY January 22, 2010

to
 BUSU Health & Dental Plan Office, Room #314 Student Alumni Centre
 Brock University
 500 Glenridge Ave., St. Catharines, ON L2S 3A1

NO EXTENSIONS OR EXCEPTIONS

FOR BUSU HEALTH & DENTAL PLAN OFFICE USE ONLY

Date Opt-in Received _____

Initials of Receiver _____

Accepted

Declined

Reason for Decline _____

