# APPLICATION FOR FAMILY COVERAGE

## Extended Health, Dental & Accident Insurance Program

Brock University Students' Union

Drug Cards will be sent directly to the BUSU Health & Dental Plan Office.
Application must be submitted by September 25, 2009 / January 22, 2010 for 2nd term enrolments.

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

## STUDENT STATEMENT

| RWAM Group # | Name of Student | Student I.D.# | Sex |
|---|---|---|---|
| 490007 | | | ☐ Male ☐ Female |

| Student Address | Date of Birth (yy/mm/dd) |
|---|---|
| | Telephone # |
| | Email Address |
| | Semester Enrolled in<br>September ☐ January ☐ |

## DEPENDENT INFORMATON

| Name of Spouse / Dependent* | Relationship to Insured | Date of Birth (yy/mm/dd) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**for dependents over the age of 21, but under 25, please provide proof of full-time student status*

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

I enclose the additional payment for: EHC coverage in the amount of:
☐ $115.00 for September enrolments,
☐ $77.00 for 2nd term enrolments,

Dental coverage in the amount of:
☐ $90.00 for September enrolments,
☐ $60.00 for 2nd term enrolments.

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

Signature of Student _____ Date _____

**Eligible Dependents**

**"Spouse"** as used herein means the legal spouse of the Insured Student provided there is no legal separation in effect, or an individual of the same or opposite sex who has been residing with the Insured Student for a period of at least one year and who has been designated as the spouse of the Insured Student in the Policyholder's records for insurance purposes, up to the spouse's 70th birthday and is a resident of Canada.

**"Dependent Child(ren)"** as used herein means any natural child, step-child or legally adopted child of the Insured Student, who is under 21 years of age, unmarried, and receives full support and maintenance from the Insured Student, or 21 or over and under 25 years of age, unmarried and receives full support and maintenance from the Insured Student for reason of full-time attendance at an accredited institute, college, or university in Canada, or receives full support and maintenance from the Insured Student by reason of mental or physical infirmity, and is a resident of Canada.

**Note:** If there are any status changes, please obtain the appropriate form from the BUSU Health & Dental Plan Office. This form must be completed in full. If you have any questions regarding your student health & dental plan, please inquire on-site at the: BUSU Health & Dental Plan Office, Room #314 Student Alumni Centre, Brock University, 500 Glenridge Ave., St. Catharines, ON L2S 3A1 Tel. 905-688-5550 Ext. 4194

STUDENTWISE Health & Dental Coverage For Students
Arranged by Campbell & Company Insurance Consultants Ltd.