

APPLICATION FOR FAMILY COVERAGE

Extended Health, Dental & Accident Insurance Program



Drug Cards will be sent directly to the WLU Health Plan Co-ordinator's Office.
Application must be submitted by September 25, 2009 / January 31, 2010 for 2nd term enrolments.

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

STUDENT STATEMENT

RWAM Group # 490002	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		
	Semester Enrolled in September <input type="checkbox"/> January <input type="checkbox"/>		

DEPENDENT INFORMATION

Name of Spouse / Dependent*	Relationship to Insured	Date of Birth (yy/mm/dd)
<i>*for dependents over the age of 21, but under 25, please provide proof of full-time student status</i>		

- I enclose the additional payment for:
- EHC and Dental coverage in the amount of \$410.00
 - EHC coverage only in the amount of \$210.00
 - Dental coverage only in the amount of \$200.00

Form of payment must be Cheque or Money Order (payable to WLU – Student ID must be indicated on cheque)

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, 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 WLU Health Plan Office. This form must be completed in full. If you have any questions regarding your student health plan, please inquire at the on-site WLU Health Plan Co-ordinator's Office: Fred Nichols Campus Centre, 3rd Floor, 75 University Ave. West Waterloo, ON N2L 3C5 Tel. 519-884-0710 ext. 3557

