

APPLICATION FOR HEALTH and/or DENTAL COVERAGE



2nd Term Enrolments Extended Health, Dental & Accident Insurance Program

Application must be submitted by 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	

I enclose the additional payment for: EHC and Dental coverage in the amount of \$202.41

EHC coverage only in the amount of \$104.41

Dental coverage only in the amount of \$98.00

Signature of Student

Date

APPLICATION MUST BE SUBMITTED BY January 31, 2010

to

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

NO EXTENSIONS OR EXCEPTIONS

FOR WLU HEALTH PLAN OFFICE USE ONLY

Date Opt-in Received _____

Initials of Receiver _____

Accepted

Declined

Reason for Decline _____

