

STATUS CHANGE FORM

Extended Health, Dental & Accident Insurance Program



Brock University Students' Union

Please Print Clearly

STUDENT DATA

RWAM Group # 490007	Name of Student	Student I.D.#	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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CHANGE REQUIRED

Coverage Required:	<input type="checkbox"/> Single to Family	<input type="checkbox"/> Family to Single	<input type="checkbox"/> No Change
Applicable Benefits:	<input type="checkbox"/> Extended Health Care & Dental	<input type="checkbox"/> Extended Health Care Only	<input type="checkbox"/> Dental Only
Reason for Change:			
<input type="checkbox"/> Marriage - Date of marriage _____ Complete Spouse's Name and Date of Birth below <input type="checkbox"/> Birth of a Child - Complete Child's Name and Date of Birth below <input type="checkbox"/> Common-Law Spouse - Date relationship commenced _____ Complete Spouse's Name and Date of Birth below <input type="checkbox"/> Children of Common-Law Spouse – must reside with student - Complete Child's Name and Date of Birth below <input type="checkbox"/> Separation - Date of separation _____ Are children still to be covered under your policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorce - Date of separation _____ Are children still to be covered under your policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Death of a Dependent - Date of death _____ Relationship to student _____ <input type="checkbox"/> Child Attained Maximum Age of 24 - On (yy/mm/dd) _____ Indicate Child's Name below <input type="checkbox"/> Other _____			
Change of Name:			
Student's New Surname _____		First Name _____	
Eligible Dependent(s) to be Insured			
	Name (also indicate Surname if different than student's)	Date of Birth (yy/mm/dd)	
Spouse	_____	_____	
Child(ren)	_____	_____	
	_____	_____	
	_____	_____	

AUTHORIZATION

_____	_____
Signature of Applicant	Date

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

