

STATUS CHANGE FORM

Extended Health, Dental & Accident Insurance Program

Please Print Clearly



STUDENT DATA

RWAM Group # 490002	Name of Student	Student I.D.#	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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CHANGE REQUIRED

Status Change Desired: Single to Family Family to Single No Change

Applicable Benefit(s): Extended Health Care & Dental Extended Health Care Only Dental Only

Reason for Change:

Marriage - Date of marriage _____ Complete Spouse's Name and Date of Birth below

Birth of a Child - Complete Child's Name and Date of Birth below

Common-Law Spouse - Date relationship commenced _____ Complete Spouse's Name and Date of Birth below

Children of Common-Law Spouse – *must reside with student* - Complete Child's Name and Date of Birth below

Separation - Date of separation _____ Are children still to be covered under your policy? Yes No

Divorce - Date of separation _____ Are children still to be covered under your policy? Yes No

Death of a Dependent - Date of death _____ Relationship to student _____

Child Attained Maximum Age of 24 - On (yy/mm/dd) _____ Indicate Child's Name below

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 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

