

STUDENTS STUDYING/WORK TERM ABROAD INSURANCE EXTENSION REQUEST

(Duration exceeding 60 days Out-of-Province/Canada)



STUDENT STATEMENT

RWAM Group # 490002	Name of Student	Student I.D.#
Student Mailing Address		
Date of Departure	Date of Return	

COURSE / WORK INFORMATION

Name of Host Academic Institution or Co-op Program	
City and Country of Host Institution	
Study / Work Term Start Date	Study / Work Term Completion Date

POTENTIAL TRAVEL

Do you intend to travel to other countries? No Yes
 If 'yes' please indicate which countries _____

Please Note:

If insurance coverage extension is granted, it will be limited to 60 days of coverage after the completion date of the course of study or work term. Any time after the 60 day period will have to be "topped up" with alternative coverage that must be purchased prior to the departure date. Top-up coverage can be purchased through RWAM Insurance Administrators Inc. 1-877-888-7926 ext. 221.

Provincial coverage from the Ministry of Health must be extended for durations longer than 6 months (7 months for Ontario) prior to departure. Please attach confirmation of this coverage extension. International students who are not residents of Canada, should contact UHIP for Out-of-Canada coverage confirmation prior to travel.

Authorization:

I understand the information I provide on this form will be used to determine my eligibility for group insurance benefits claimed under this policy/plan. I declare that the statements made on this form are complete and true. I hereby authorize the release of any information in respect to any claim incurred during my study/work term, requested by RWAM Insurance Administrators Inc. ("RWAM"), to RWAM and to the insurer. I also authorize my plan administrator, WLUSU, to exchange information, which is necessary and related to any claim during my study/work term, on my behalf with RWAM and the insurer. I also understand that RWAM's Insurance Coverage Extension is dependent upon either the provincial coverage from the Ministry of Health (applicable for Canadian residents) or UHIP Coverage (applicable for International Students) being in effect at time of claim.

A photocopy or facsimile transmission of this authorization shall be considered as valid as the original.

Signature of Student

Date

OFFICIAL USE ONLY

Date Received by WLUSU	Extension Request Granted by _____ Name of RWAM Administrator on _____ Date
Received by	Extension Period Granted From _____ to _____ dd/mm/yyyy dd/mm/yyyy

This form must be completed in full. If not, the form will be returned to you which will delay the processing of your request.
 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