



**Sheridan College**  
**Enrolment – FALL 2011**  
**SU Health & Dental Plan**  
**Deadline: September 19, 2011**



To complete an enrolment, you must return this form with a cheque or money order payable to studentcare.net/works by the deadline.

1 INFORMATION ABOUT THE STUDENT					
Student ID Number	Last Name	First Name	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (Jan/01/1980)	
Address		City	Province	Postal Code	
Phone Number Home: (    ) Other: (    )		Email Address		Province of Canadian health-care coverage	

2 SELF-ENROLMENT
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If you were already billed the Health & Dental Plan fee by the university, you do not need to fill out this section.

If the university did not bill you automatically, but you are eligible for the Plan, you must fill out this section and provide **PROOF OF ELIGIBILITY** (e.g.: tuition statement).

Fall semester students eligible for the Plan. Health & Dental Plan <input type="checkbox"/> \$225.00	<b>Amount for self-enrolment</b>  \$ _____
Students who re-enrol after a permanent opt-out must pay an enrolment administration fee of 50%, added to Plan fees. Health & Dental Plan <input type="checkbox"/> \$337.50	

3 FAMILY ENROLMENT
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Please note that the additional fees for the enrolment of a spouse and/or child/children do not include fees related to the student's participation in the Plan. Enrolment must be completed every policy year.

Adding one (1) dependant (spouse or child). Health & Dental Plan <input type="checkbox"/> \$225.00	<b>Amount for family enrolment</b>  \$ _____
Adding two (2) or more dependants (spouse and/or any number of children). Health & Dental Plan <input type="checkbox"/> \$450.00	

4 ENROLMENT FEES
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Add fees from sections 2 and 3: \$ \_\_\_\_\_

FOR INTERNAL USE ONLY																	
Date received:				\$				Date in SASS:				Initials					
FALL						WINTER						SPRING					
Single		Couple		Family		Single		Couple		Family		Single		Couple		Family	
Health	Dental	Health	Dental	Health	Dental	Health	Dental	Health	Dental	Health	Dental	Health	Dental	Health	Dental	Health	Dental

5 DEPENDANT'S INFORMATION				
Family Name	First Name	Relationship (spouse/child)	Gender M/F	Date of Birth (Jan/01/1980)

**6 DEPENDANT'S ELIGIBILITY**

Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least 1 year, is an eligible dependant. You can only cover one spouse at a time.

Your children and your spouse's children (other than foster children) are eligible dependants if they are not married or in any other formal union recognized by law, and are under age 22. A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependant until the age of 26 as long as the child is entirely dependent on you for financial support. You need to provide a proof of the child's full-time status. If your child is over 21 years old, is handicapped and is entirely dependent on you for financial support, he/she is eligible.

These benefits are underwritten by Sun Life Assurance Company of Canada. CanAssistance (Manitoba Blue Cross) provides the travel insurance.

**7 INSTRUCTIONS**

Please return the enrolment to [studentcare.net/works](http://studentcare.net/works) between **August 29 and September 19, 2011**.

Include the following when submitting this form:

- A cheque or money order payable to [studentcare.net/works](http://studentcare.net/works) for the amount written in **Section 4**.
- Please write your ID number in the "memo" section on the cheque or money order.
- Proof of eligibility (e.g.: tuition statement).

Send the enrolment including the necessary documents by mail to 1134 St. Catherine Street West, Suite 700, Montreal, QC, H3B 1H4.

There is a \$25 administration fee for enrolment reimbursements within the Change of Coverage Period. No enrolment reimbursements after that time.

Coverage is valid from September 1, 2011 until August 31, 2012.

**8 AUTHORIZATION**

I understand that the coverage of my spouse/dependants is contingent upon my enrolment in the Plan. If I cease to be eligible for the Plan, then my dependants' coverage will be terminated.

I am authorized to disclose information about my spouse and dependants for the purpose of enrolling them in the Plan.

By enrolling in this Plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers to use the information on this form to underwrite, administer and pay claims.
- [studentcare.net/works](http://studentcare.net/works) and its agents to use the information on this form for benefits administration.

Unless I indicate otherwise below, I agree that my name and address may be used by [studentcare.net/works](http://studentcare.net/works) to inform me about other insurance products and services specially developed for students. I understand that I can withdraw this consent at any time.

I refuse permission

Signature: \_\_\_\_\_

Date: \_\_\_\_\_