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

In order to be eligible for coverage, you and your dependants must already have provincial or equivalent primary health-care coverage. Only NEW Winter Term students are eligible to enrol themselves and/or their dependants.

Please mark all that apply to your student status for Winter 2020:

- Regular student
- Co-op student
- Full-time student
- International student
- Part-time student
- Sponsored student

Regular part-time Winter Term students eligible for the Plan.

Health Plan  $112.76  Dental Plan  $123.70  Health & Dental Plan  $236.46

Part-time Co-op students on an academic term in the Winter Term.

Health Plan  $105.71  Dental Plan  $115.98  Health & Dental Plan  $221.69

Adding one (1) dependant (spouse or child).

Health Plan  $169.14  Dental Plan  $185.55  Health & Dental Plan  $354.69

Adding two (2) or more dependants (spouse and/or any number of children).

Health Plan  $338.28  Dental Plan  $371.10  Health & Dental Plan  $709.38

Add fees from sections 2 and 3:

$ ________

For Studentcare Use Only (do not complete)

Date Received  $ ________  Done in SAS  $ ________  Initials

<table>
<thead>
<tr>
<th>FALL</th>
<th>WINTER</th>
<th>SPRING</th>
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<tr>
<td>Single</td>
<td>Couple</td>
<td>Family</td>
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<tr>
<td>Health</td>
<td>Dental</td>
<td>Health</td>
</tr>
</tbody>
</table>
In order to be eligible for coverage, spouse and dependants must have provincial coverage or equivalent in place.

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
<th>Relationship (spouse/child)</th>
<th>Sex (M/F)</th>
<th>Date of Birth (MM/DD/YYYY)</th>
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</table>

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 the age of 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 proof of the child’s full-time status. If your child is over 21 years old, is disabled, and is entirely dependent on you for financial support, he/she is eligible.

These benefits are underwritten by Sun Life Assurance Company of Canada.

Please return the enrolment form to Studentcare between January 6 and January 24, 2020.

Include the following when submitting this form:

☐ A cheque or money order payable to Studentcare 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: Tuition fee breakdown and a copy of schedule. It must include your name and student ID number and show that you are billed WUSA fees.

Send the enrolment form including the necessary documents by mail to 1200 McGill College Avenue, Suite 2200, Montreal (QC) H3B 4G7.

Any request to cancel this enrolment must be made within the Change-of-Coverage period. No enrolment reimbursement will be issued after this period. Please note that a $25 administration fee will be deducted from the amount to be refunded.

Coverage is valid from January 1 to August 31, 2020.
Coverage for part-time Co-op students on an academic term in the Winter Term is valid from January 1 to April 30, 2020.

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 and its agents to use the information on this form for benefits administration under this Plan and any other services provided to me by them.

☐ I would like my name, email, and address to be used by Studentcare to inform me about other insurance products and services specially developed for students. I understand that I can withdraw this consent at any time.

Signature: ___________________________ Date: ___________________________