

Queen's University Enrolment – FALL 2024 SGPS Health & Dental Plan Deadline: September 29, 2024



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.

Student ID Number Legal Last Name Legal First Name Chosen Name Sex Date of Birth (MM/DD/YYYY) Address City Province Postal Code Phone Number Other: Email Address Province of Canadian health-care coverage Phone Number Other: Email Address Province of Canadian health-care coverage Province Province Postal Code Phone Number Other: Email Address Province of Canadian health-care coverage Province Province Postal Code Province Province Postal Code Province Postal Code Province Province Postal Code Province Province Postal Code Province Province Postal Code Province Post	1 In	IFORMATION A	ABOUT THE ST	UDENT							
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5 DEPENDANT'S INFORMATION					
Legal Family Name	Legal First Name	Chosen Name	Relationship (Spouse/Child)	Sex (M/F)	Date of Birth (MM/DD/YYYY)

6 DEPENDANT'S ELIGIBILITY

Your spouse by marriage or under any other formal union recognized by law, or your partner 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 Canadian Premier Life Insurance Company/Securian Canada.

	ICTIONS

Please return the enrolment form	o Studentcare between Se	ptember 3 and September 29, 2023.
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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: "Student Account Detail" (Confirmation of Enrolment, showing that you are enrolled in at least one on-	campus

course) or "Proof of Leave of Absence" (if on maternity or medical leave). It must include your name and student ID number. Please contact the SGPS Office if your program status does not meet the requirements above and you require exceptional proof of eligibility.

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 September 1, 2024 to August 31, 2025.

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:

- Canadian Premier Life Insurance Company/Securian 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 specially developed for students. I understand that I can w	by Studentcare to inform me about other insurance products and services vithdraw this consent at any time.
Signature:	Date: