

University of Toronto Mississauga Students' Union  
 Opt-In Application form 2019-2020 (fall 2019 enrolment)



Use this form to apply for Couple and Family coverage in the University of Toronto Mississauga Students' Union Health and Dental insurance plan by completing the application below. This form must be returned to the University of Toronto Mississauga Students' Union by the appropriate deadline indicated below.  
 Coverage is valid September 1, 2019 to August 31, 2020.

Student #: \_\_\_\_\_

Date of Birth: YYYY/MM/DD \_\_\_\_\_ Sex: Female:  Male:  Undisclosed:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: (      ) \_\_\_\_\_ Email: \_\_\_\_\_

To add one or more dependent(s)/family, there is an additional amount to be paid on top of the Individual plan fee. Proof of payment of individual plan fee must be submitted with this application form (ACORN Invoice). Additional payment amount is listed below and is payable to the University of Toronto Mississauga Students' Union by cheque or money order.

	Couple Coverage (only one dependent)	Family Coverage (more than one dependent)
Health	<input type="checkbox"/> \$247.44	<input type="checkbox"/> \$363.00
Dental	<input type="checkbox"/> \$310.44	<input type="checkbox"/> \$465.48
Total Amount Payable	\$557.88	\$828.48

Please add the following family member(s) **(PRINT CLEARLY)**

First Name	Last Name	Sex f/m/u	Date of Birth yyyy/mm/dd	Relation (spouse or child)

Dependents include common law partner/spouse and dependent children. All dependent children must be under the age of 21 unless in post-secondary school, full time then up to age 25.

Application form is due to the University of Toronto Mississauga Students' Union by the below deadline:

Fall Registration Deadline: September 30, 2019 **NO EXCEPTIONS**

*I wish to apply for the health and dental plan couple or family coverage and I agree to be bound by the University of Toronto Mississauga Students' Union's terms and conditions.*

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date