

University of Toronto Mississauga Students' Union
 Opt-In Application form 2020-2021 (fall 2020 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, 2020 to August 31, 2021.

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 (health@utmsu.ca) by the below deadline: Fall Registration Deadline: September 30, 2020 **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