University of Toronto Mississauga Students’ Union
Opt-In Application form 2020-2021 (Winter 2021 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 January 1, 2021 to August 31, 2021.

Student #: __________________________________________
Date of Birth: YYYYY/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 ☐ $164.96 ☐ $242.00
Dental ☐ $206.96 ☐ $310.32
Total Amount Payable $371.92 $552.32

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

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<th>First Name</th>
<th>Last Name</th>
<th>Sex f/m/u</th>
<th>Date of Birth yyyy/mm/dd</th>
<th>Relation (spouse or child)</th>
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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: January 31, 2021 NO EXCEPTIONS Payment will be discussed through email after application is received.

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