Opt Out Form

All students should be advised opt out submissions will be reimbursed by the KSU via your student account after the opt-out period has closed. Both the Extended Health and Dental plan are sponsored by the King's Students' Union.

If you are lucky enough to already enjoy equivalent Health & Dental coverage (ie. under your own plan or through your parent or spouse's employee benefit plan), you can opt out of our Extended Health & Dental Plan. Provincial health care does not provide equivalent coverage to the Extended Health & Dental Plan.

Student Information

All information is mandatory:

First name: _____ Last name: _____

Student ID Number: _____ Date of Birth (YYYY/MM/DD): _____/____/____

Preferred email: _____ Phone Number: _____

Health and Dental Opt Out Selections:

Please note: Provincial health care does not provide equivalent coverage to the Extended Health & Dental Plan.

I would like to Opt Out of the **Health** Plan: __Yes __ No (attach proof of alternative coverage)

Insurance Company Name: _____ Policy Number:_____

I would like to Opt Out of the **Dental** Plan: __Yes __ No (attach proof of alternative coverage)

Insurance Company Name: _____ Policy Number:_____

Waiver Acknowledgement:

I wish to waive my right to participate in the KSU Health and/or Dental Plan.

I hereby state that comparable coverage is provided for me under another plan. Upon submitting this waiver, I acknowledge that I may only enroll in the current Health and/or Dental Plan by submitting a written request, accompanied by Alternate Plan termination documentation no later than 30 days following the loss of this existing coverage. I wish to waive my right to participate in the Health and/or Dental Plan for this current eligibility period.

Signature: _____ Date: _____

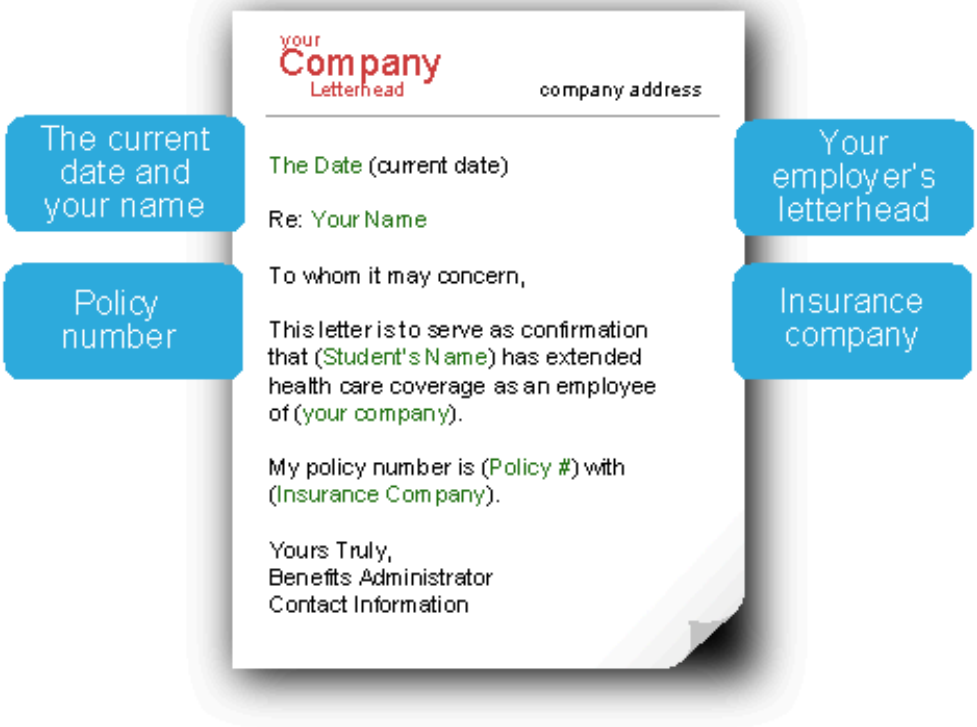
Submit this form to the KSU in office or via email: coordinator@ksu.ca

Example Proof of Coverage

Acceptable proof of alternate coverage consists of:

1. A photocopy of a certificate or card which illustrates your coverage for extended health care and indicates the following:

2. A letter from the plan sponsor or the benefits provider which illustrates the plan(s) you are covered for and indicates the following:



Benefit cards from your parents' benefit plans may not have your name on them. You are required to submit confirmation that has your name on it, in your opt out submission!