**KING’S STUDENTS UNION HEALTH AND DENTAL PLAN**

By using the collective buying power of our members, and of students across Canada, the King’s Students’ Union is able to offer affordable extended health and dental coverage to all students at King’s. The plan is administered by the students’ union.

Students enrolled in this year’s plan are eligible to receive reimbursement on drug paramedical, dental and other medical expenses from September 1, 2024 until August 31, 2025. While part-time students are not automatically enrolled in the plan, they can choose to opt in to the health plan, dental plan, or both.

*To opt-in to the plan please fill out the following fields and return this form with payment to the KSU Services and Campaigns Coordinator, in the King’s Students’ Union Office by* ***September 17th, 2024****. Questions can be directed at coordinator@ksu.ca.*

**PAYMENT**

Fees for the Health and Dental Plan for the 2024-2025 academic year are as follows:

| **Health Plan and Dental Plan** | $377.16 |
| --- | --- |
| **Health** | $293.28 |
| **Dental** | $83.88 |

We accept payment via cheque or Interac e-Transfer with the email fvp@ksu.ca. For cheques, please address it to the King’s Students’ Union with your name and student ID number (B00 number) in the memo field and submit it to the King’s Students’ Union Services and Campaigns Coordinator with this form.

**PLAN MEMBER INFORMATION**

Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION**

By signing this enrolment form or providing my personal information to the King’s Students’ Union, I confirm that the information is complete and accurate to the best of my knowledge. I agree that the King’s Students’ Union’s health plan provider, Green Shield Canada, may share my personal information with a third party for the administration of benefits for myself and my dependents. I agree that Green Shield Canada may use my email address, if provided, to correspond with me for benefit purposes. (Note that GSC does not use email addresses for solicitation purposes.)

Plan Member’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Administrator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

| **Date Received:** | **Client ID Number:** |
| --- | --- |
| **Billing Division:** | **GSC ID Number:** |