

GEORGE BROWN STUDENT ASSOCIATION

STUDENT INSURANCE OPT OUT FORM



This form will enable you to apply for a Student Insurance Plan Reimbursement for the school year by filling in the information required below. This form must be returned to the George Brown College Student Association Office.

STUDENT INFORMATION - PLEASE PRINT CLEARLY		
FIRST NAME	LAST NAME	INITIAL
STUDENT ID	DATE OF BIRTH (DD/MM/YY) (/ /)	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE (DD/MM/YY) (/ /)	
PHONE NUMBER	ADDRESS	
CITY	POSTAL CODE	
PROGRAM REGISTRATION FROM (DD/MM/YY) (/ /) TO (DD/MM/YY) (/ /)		

OPT OUT

I wish to opt out of:
(indicate by checkmark)

- OHIP Alternative Only (international student)**
I am covered under OHIP (the Ontario Provincial Health Insurance Plan).
- OHIP Alternative + Health & Dental Benefits (international student)**
I am covered under OHIP (the Ontario Provincial Health Insurance Plan), and I have my own Health & Dental insurance.
- Health & Dental Benefits (domestic student)**
I have my own Health & Dental insurance.

This notice serves to confirm that I am opting out of the **Student Insurance Plan** offered to me through The George Brown College Student Association as I have health benefits under the attached plan:

Please attach copy of OHIP* Card and/or proof of Health & Dental Insurance.

* = For international post-secondary students, OHIP coverage must be effective on or before Sep 1st (for September start students), Jan 1st (for January start students), and May 1st (for May start students).
 * = For International ESL program students, your OHIP coverage must be effective on or before the 1st of the month which your program starts.

By my signature I am confirming that I have not accessed the **Student Insurance Plan** offered to me by The George Brown College Student Association this current year for which I am opting out of. I understand I will not be eligible to re-enroll unless my existing coverage terminates, in which case, I have 30 days from the date of termination to opt into the student insurance plan.

SIGNATURE OF STUDENT	STUDENT ASSOCIATION AUTHORIZATION
----------------------	-----------------------------------

FOR COLLEGE ADMINISTRATIVE USE ONLY

Form Completed and Accepted Yes No

Reason Not Accepted:

 AUTHORIZED SIGNATURE