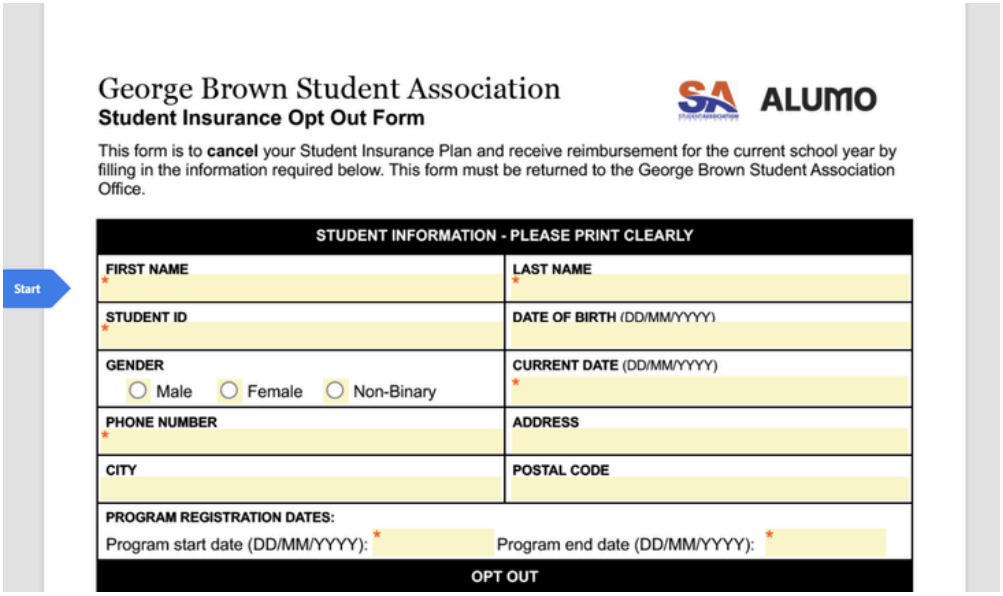
International students in Post Secondary under the provincial plan (OHIP-Online opt-out application

*Please read all questions carefully. All mandatory fields must be completed before form will be accepted.
*All instructions and steps must be followed, in order for your application to be submitted for review successfully.

Section 1.

Please make sure all the information is accurate and complete. Even the fields that are not marked as required. For program registration dates, you must include the **entire duration of your program**, not only the semester you are currently registered.



George Brown Student Association
Student Insurance Opt Out Form

ALUMO

This form is to **cancel** your Student Insurance Plan and receive reimbursement for the current school year by filling in the information required below. This form must be returned to the George Brown Student Association Office.

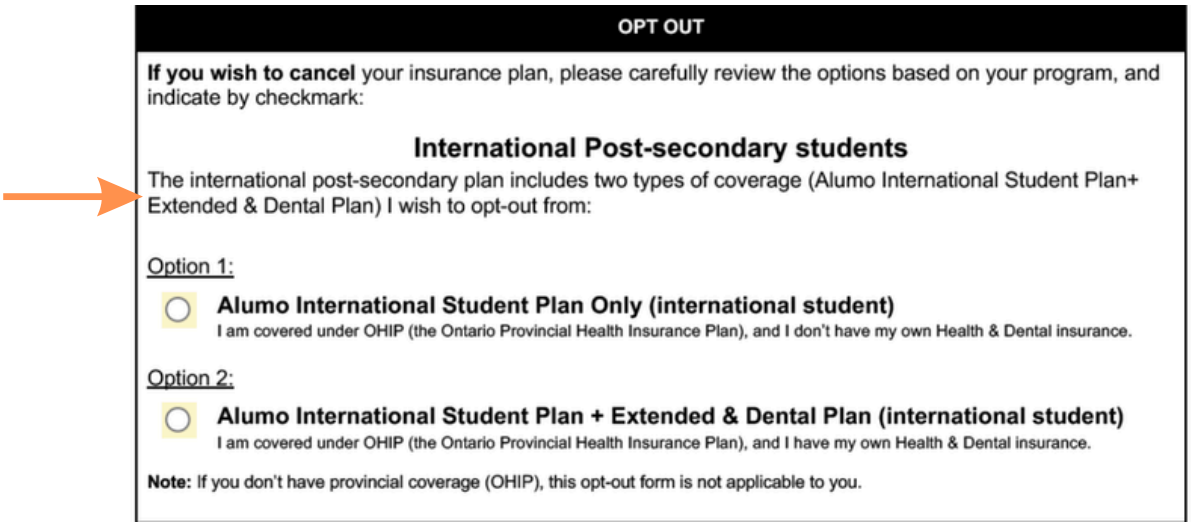
Start

STUDENT INFORMATION - PLEASE PRINT CLEARLY	
FIRST NAME *	LAST NAME *
STUDENT ID *	DATE OF BIRTH (DD/MM/YYYY)
GENDER ○ Male ○ Female ○ Non-Binary	CURRENT DATE (DD/MM/YYYY) *
PHONE NUMBER *	ADDRESS
CITY	POSTAL CODE
PROGRAM REGISTRATION DATES: Program start date (DD/MM/YYYY): *	Program end date (DD/MM/YYYY): *
OPT OUT	

Section 2.

Please note that International Post-secondary plan has 2 types of coverage: Alumo International Student Plan and Extended health and Dental Plan. Therefore, there are two opt-out options for international students:

Option 1: Alumo International Student Plan
Option 2: Alumo International Student Plan and Extended health and Dental Plan
*Select the option applicable to you, one **or** the other. **Please do not select both options**.



OPT OUT

If you wish to cancel your insurance plan, please carefully review the options based on your program, and indicate by checkmark:

International Post-secondary students

The international post-secondary plan includes two types of coverage (Alumo International Student Plan+ Extended & Dental Plan) I wish to opt-out from:

Option 1:

○ **Alumo International Student Plan Only (international student)**
I am covered under OHIP (the Ontario Provincial Health Insurance Plan), and I don't have my own Health & Dental insurance.

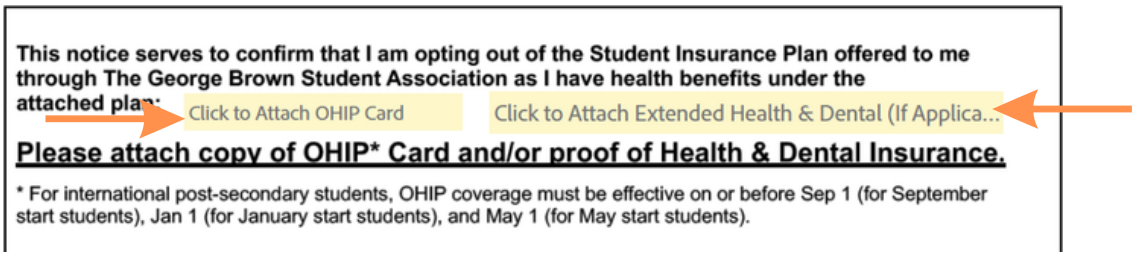
Option 2:

○ **Alumo International Student Plan + Extended & Dental Plan (international student)**
I am covered under OHIP (the Ontario Provincial Health Insurance Plan), and I have my own Health & Dental insurance.

Note: If you don't have provincial coverage (OHIP), this opt-out form is not applicable to you.

Section 3.

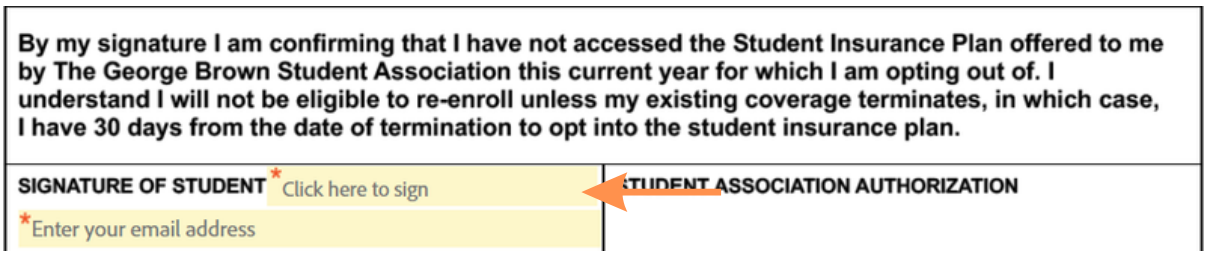
- If you selected **Option 1: Alumo International Student Plan Only**, you **must** attach proof of provincial coverage (OHIP).
- if you selected **Option 2: Alumo International Student Plan and Extended health and Dental Plan**, you **must** attach proof of both coverages.



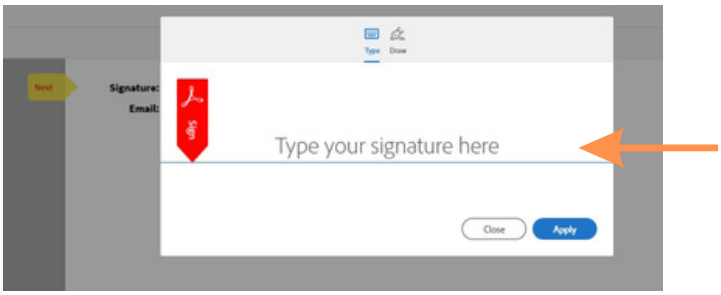
*If you do not have proof of provincial coverage (OHIP), you are not eligible to submit this application. Please contact the health benefits team at **healthbenefits@sagbc.ca** to verify.

Section 4. E-Signature

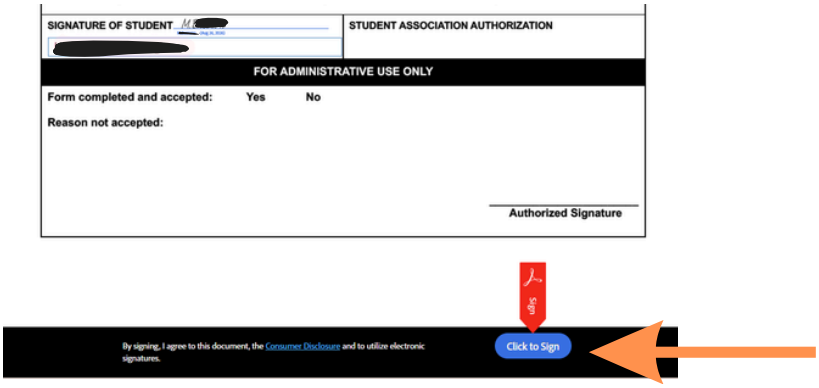
Click the "**Click here to sign**" for the Signature of the student



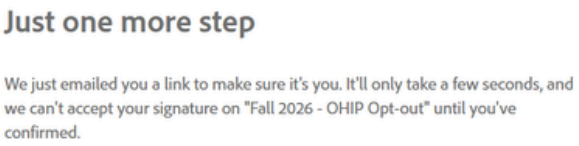
- Sign and type in the email you would like to receive your authentication steps.



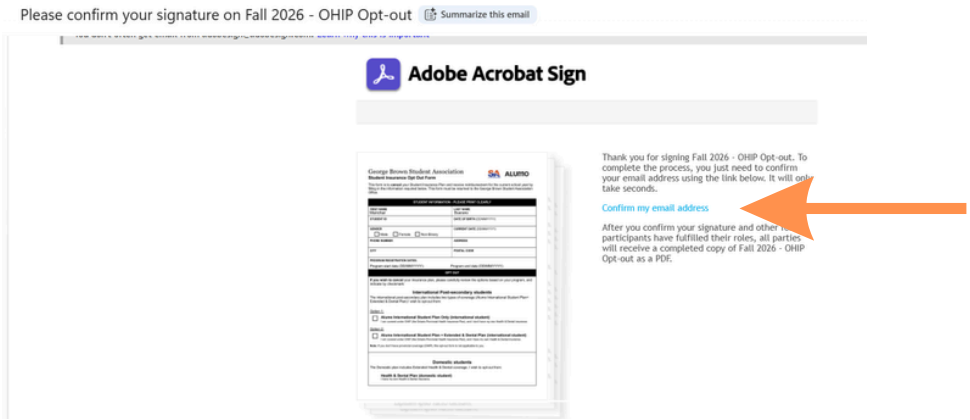
- Click on “Click to Sign” at the bottom of the page



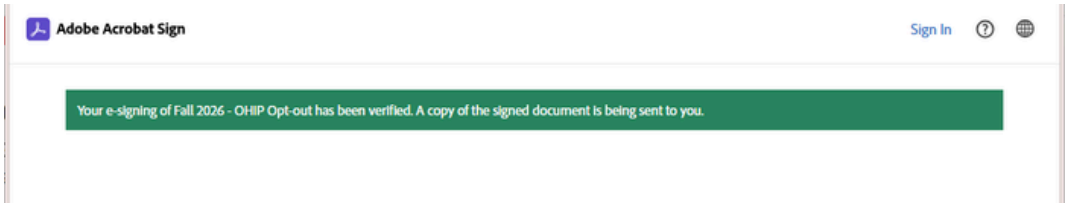
- Message will show up to remind one more step to do.



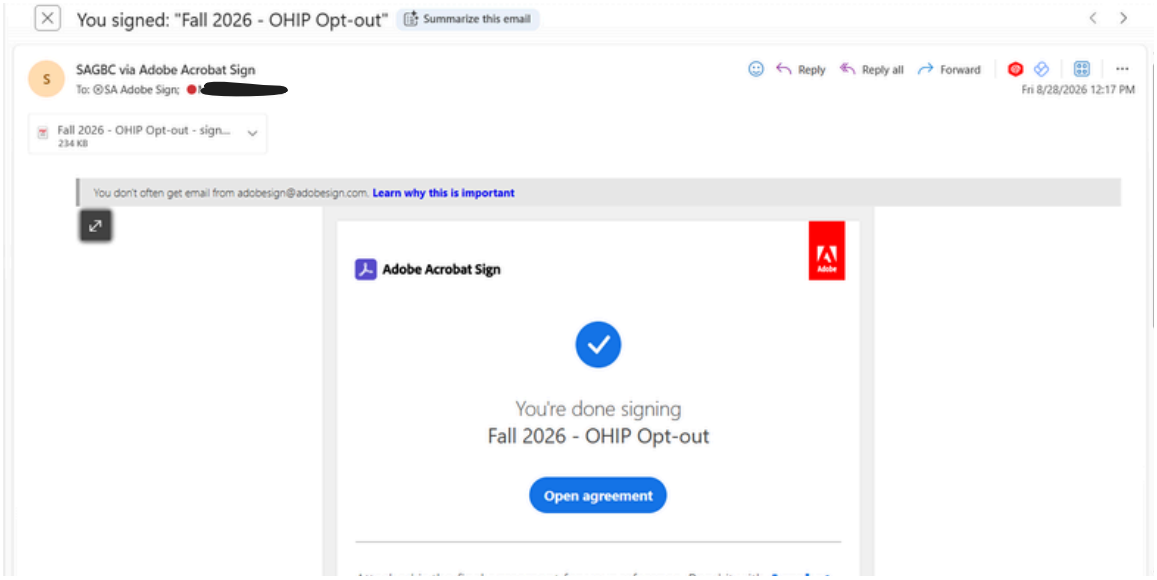
- You must confirm the submission from the email you receive from Adobe Sign and click on “Confirm my email address” to authenticate application.



- Once you click on the link, you will see the confirmation below and your application submission and **CONFIRMATION** will be sent to your email.



- Please keep this email confirmation of your application for your records. **If you received the signed form, it means it was successfully submitted to us, and you will be contacted if we have further questions.**



Thank you!