

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.

Start

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.

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.

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

[Click to Attach OHIP Card](#) [Click to Attach Extended Health & Dental \(If Applica...](#)

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 1 (for September start students), Jan 1 (for January start students), and May 1 (for May start students).

*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

By my signature I am confirming that I have not accessed the Student Insurance Plan offered to me by The George Brown 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 * Click here to sign	STUDENT ASSOCIATION AUTHORIZATION
* Enter your email address	

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

Signature: * [Click here to sign](#)

Email: * Enter your email address

Signature: * 

Email: * 

Type your signature here

[Close](#) [Apply](#)

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

SIGNATURE OF STUDENT <i>M. [redacted]</i>	STUDENT ASSOCIATION AUTHORIZATION
FOR ADMINISTRATIVE USE ONLY	
Form completed and accepted: Yes No	
Reason not accepted:	
Authorized Signature	

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

[Click to Sign](#)

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

Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "Fall 2026 - OHIP Opt-out" until you've confirmed.

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

Please confirm your signature on Fall 2026 - OHIP Opt-out [Summarize this email](#)



Thank you for signing Fall 2026 - OHIP Opt-out. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

[Confirm my email address](#)

After you confirm your signature and other participants have fulfilled their roles, all parties will receive a completed copy of Fall 2026 - OHIP Opt-out as a PDF.

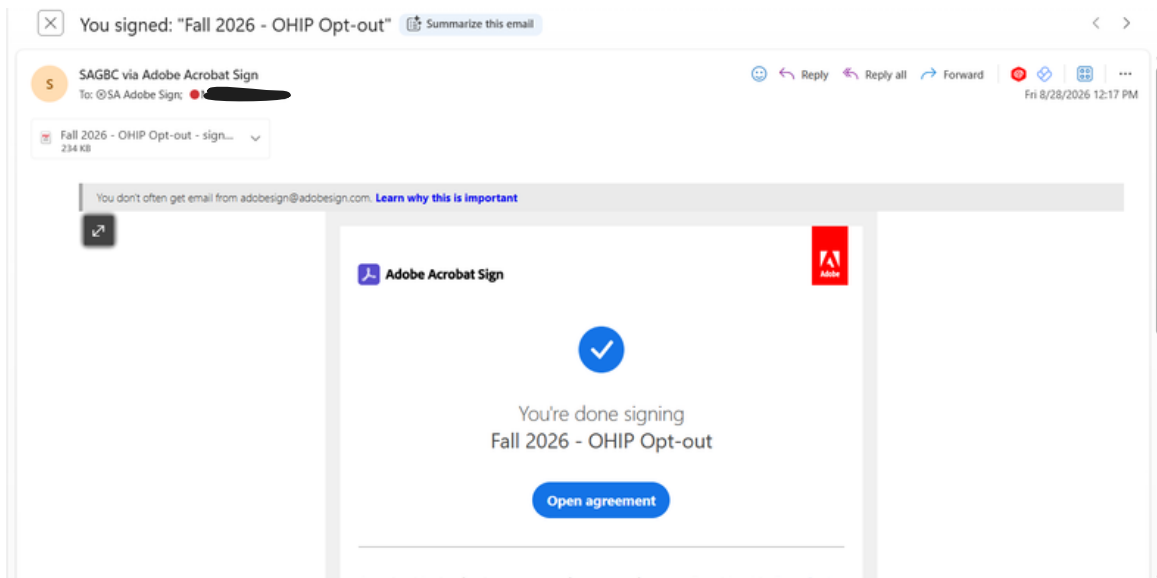
- Once you click on the link, you will see the confirmation below and your application submission and **CONFIRMATION** will be sent to your email.



Sign In

Your e-signing of Fall 2026 - OHIP Opt-out has been verified. A copy of the signed document is being sent to you.

- 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!

