

FAMILY OPT IN APPLICATION FORM 2024-2025

This form will enable you to opt in your family for health benefits for the school year.

Please go to <https://wespeakstudent.com/home/11-humber-and-guelph-humber/domestic-plan> to purchase family coverage.

STUDENT INFORMATION • PLEASE PRINT CLEARLY:			
SURNAME		FIRST NAME	STUDENT ID
DATE OF BIRTH Y: M: D:	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	PHONE NUMBER	DATE
HOME MAILING ADDRESS		CITY	POSTAL CODE
CAMPUS		NAME OF PROGRAM	

FAMILY OPT-IN • PLEASE ENROLL THE FOLLOWING MEMBERS OF MY FAMILY:

- To be eligible, all dependants must have current OHIP or equivalent coverage.
- I understand this coverage terminates at the end of the semester for which I am registered or date of withdrawal, whichever is earlier
- You are only eligible to opt-in family members before the deadline dates shown below. Should you not purchase family coverage prior to the deadline date of your first semester, you WILL NOT be able to purchase family coverage at any other time during the current school policy year. The Deadline dates shown below will not be extended.

OPT IN DEADLINE

September Start

Fall Semester: September 1, 2024 to October 11, 2024 @ 4:00pm

January Start

Winter Semester: January 1, 2025 to February 14, 2025 @ 4:00pm

May Start

Summer Semester: May 1, 2025 to June 13, 2025 @ 4:00pm

SURNAME	FIRST NAME	DATE OF BIRTH Y: M: D:	RELATIONSHIP TO STUDENT

I wish to apply for: (Please indicate)

\$531.75 HEALTH BENEFITS AND DENTAL BENEFITS (Taxes Included) (one dependent)

SHOULD YOU HAVE TWO OR MORE DEPENDENTS PLEASE SEE COSTS BELOW

\$942.30 HEALTH BENEFITS AND DENTAL BENEFITS (Taxes Included) (two or more dependents)

I wish to apply for the IGNITE Health and Dental Insurance Plan for the dependents registered above and agree to be bound by the benefit plan terms and conditions.

PLEASE GO TO [HTTPS://WESPEAKSTUDENT.COM/HOME/11-HUMBER-AND-GUELPH-HUMBER/DOMESTIC-PLAN](https://wespeakstudent.com/home/11-humber-and-guelph-humber/domestic-plan) TO PURCHASE FAMILY COVERAGE.

SIGNATURE OF STUDENT	DATE
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