



HEALTH PLAN OPT CHANGE FORM

This form is for students who wish to **1)** opt in (part-time, Accessibility services, etc); **2)** apply for the Aboriginal Health plan; and/or **3)** extend coverage to their spouse/dependents.

Please submit to the UWSA Health Plan office in the Bulman Students' Centre, room 0R04. You must be a UWSA member, resident of Canada, and be covered under Manitoba health (or equivalent provincial health) to be eligible for the UWSA Health Plan.

Please note that this is not a one-time opt-change form. You are required to change your status every year accordingly. It is the student's responsibility to make changes to their health plan account. Any changes to your health plan are permanent for the school year.

Personal Information

Last Name	First	Middle
Student Number		Date of Birth(YYYY/MM/DD)
Street Address		
City	Province	Postal Code
Email	Phone () -	

Opt Change Status

Please select the option(s) which apply:

Which type of student are you? (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
| <input type="checkbox"/> Graduate Studies* | <input type="checkbox"/> International ** |
| <input type="checkbox"/> Registered with Accessibility Services* | <input type="checkbox"/> PACE* |
| <input type="checkbox"/> Other: | |

*Provide proof of enrollment in your program, please have signed here by:

Graduate Studies – signed by Senior Records Officer, 1C24, Eric Benson

Accessibility Services – signed by Accessibility Advisor, Jesse Turner

PACE - signed by PACE Administration, Second Floor Buhler Centre

Name: _____ Signature _____

**International Students: You must have Manitoba Health, provincial health, or equivalent insurance.

Provide your Personal Health I.D. Number, provincial health number, or equivalent insurance provider and I.D Number.

Attach a copy of your card.

Number: _____

Dependent Information

All students who are covered by the UWSA Health Plan have the option to extend their coverage to their spouse and/or dependent(s); a student cannot extend coverage to their parents or sibling(s). Your student account will be adjusted according to the coverage you choose (Single/Couple/Family). Please take note of coverage rates and dependent eligibility below.

Dependent Eligibility:

All dependents must be a Canadian resident and covered under a provincial health plan; and:

A spouse must be:

- a) A Canadian resident and covered under a provincial health plan; and
- b) Legally married to you or if not legally married, has lived in a common-law relationship with you for more than 12 continuous months. Only one spouse will be considered at any time as being covered under the Group Benefit Contract.

A dependent child must be:

- a) An unmarried child under the age of 21; child (yours or your spouse's natural, legally adopted, or stepchildren) must reside with you in a parent-child relationship and/or is dependent on you and is not regularly employed; or
- b) An unmarried child under the age of 25, in enrolled and in full-time or part-time attendance at an accredited college, university or education institute. Child (yours or your spouse's natural, legally adopted, or stepchildren) does not have to reside with you.

A Special needs dependent must be:

- a) An unmarried child of any age, who is totally disabled by reason of mental or physical disability;
- b) Remains continuously so disabled, and is considered a dependent as defined under the Income Tax Act.

List dependent(s):

Last name	First name	Middle name	Relationship	Gender	Date of Birth (YYYY/MM/DD)

I understand that signing below I will change my coverage under the UWSA Student Health Plan. I indemnify all the listed agents against my claims or actions and absolve them of any obligations, contractual or implied, that may have resulted from my initial UWSA Health Plan Coverage. Signing below confirms that all information is true and correct.

Student Signature:

Date:

Health Plan Rates	Sept-Aug	Jan - Aug	May - Aug
UWS Single	214.05	142.75	71.35
UWS Couple	425.65	283.75	141.85
UWS Family	457.45	304.95	152.50
UWSPT Single	414.25	276.15	138.10
UWSPT Couple	827.50	551.70	275.85
UWSPT Family	889.05	592.75	296.35
UWSAB Single	145.80	97.20	48.60
UWSAB Couple	289.65	193.15	96.55
UWSAB Family	306.95	204.65	102.30
UWSINTFT Single	255.36	170.25	85.10
UWSINTFT Couple	466.92	311.30	155.60
UWSINTFT Family	498.72	332.50	166.25
UWSINTPT Single	455.55	303.68	151.84
UWSINTPT Couple	868.80	579.20	289.60
UWSINTPT Family	930.35	620.24	310.12

UWS = Full-time Students
 UWSPT = Part-time Students
 UWSAB = Aboriginal Students w/ Status
 UWSINTFT = Full-time International Students
 UWSINTPT = Part-time International Students

OPT CHANGE DEADLINES FOR 2016-2017 ACADEMIC YEAR:

FALL TERM September 19, 2016

WINTER TERM January 17, 2017

SPRING TERM May 12, 2017 (for the 6-, 8-, and 12- week Spring/Summer courses)

- Please note that Fall/Winter Term registrants must follow Fall Term deadlines.