

OPT-CHANGE FORM

This form is for students who wish to 1) Opt-in 2) Apply for the Indigenous Health Plan and/or 3) Add a spouse/dependent to your plan. Please submit to the UWSA Health Plan office in the Bulman Student 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: Students will need to fill out a new Opt-Change form each academic year. 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:

- Full-time Part-time Indigenous
 Graduate Studies International

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

Graduate Studies – signed by Coordinator, Student Records (Graduate Studies), Eric Benson, Room: 1R126 (1st Floor Rice Building)
Accessibility Services – signed by Accessibility Advisor, Jesse Turner, Room 1M35

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: _____

***Indigenous students must provide status card number.**

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 DEPENDENTS(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 2017/18

	Fall Term Sept-Aug	Winter Term Jan - Aug	Spring Term May - Aug
Full-Time Single	\$ 233.20	\$ 155.40	\$ 77.70
Full-Time Couple	\$ 463.80	\$ 309.20	\$ 154.60
Full-Time Family	\$ 498.95	\$ 332.65	\$ 166.30
Opt-In Single	\$ 451.80	\$ 301.20	\$ 150.60
Opt-In Couple	\$ 902.75	\$ 601.85	\$ 300.90
Opt-In Family	\$ 970.95	\$ 647.25	\$ 323.65
Indigenous Single	\$ 157.10	\$ 104.70	\$ 52.35
Indigenous Couple	\$ 312.35	\$ 208.25	\$ 104.10
Indigenous Family	\$ 331.30	\$ 220.90	\$ 110.40
International Single	\$ 255.35	\$ 182.95	\$ 91.45
International Couple	\$ 466.92	\$ 336.70	\$ 168.35
International Family	\$ 498.72	\$ 360.15	\$ 180.05

IMPORTANT DATES:

FALL TERM OPT-CHANGE/OPT-OUT DEADLINE:
SEPTEMBER 18, 2017

WINTER TERM OPT-CHANGE/OPT-OUT DEADLINE:
JANUARY 17, 2018

SPRING TERM OPT-CHANGE/OPT-OUT DEADLINE:
MAY 14, 2018