

# 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:

- |  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| <input type="radio"/> Full-time        | <input type="radio"/> Part-time     | <input type="radio"/> Indigenous |
| <input type="radio"/> Graduate Studies | <input type="radio"/> International | <input type="radio"/> PACE       |

\* \*\*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)

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:

**Accessibility Services:** Signed by Accessibility Advisor, Jesse Turner, Room 1M35

Name:

Signature:

## 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 2018/19

Full-Time Undergraduate	Monthly Fee	Fall Term	Winter Term	Spring Term
Single	\$20.67	\$248.04	\$165.36	\$82.68
Couple	\$41.12	\$493.44	\$328.96	\$164.48
Family	44.28	\$531.36	\$354.24	\$177.12
Opt-in (Graduate & Part-time)				
Single	\$40.08	\$480.96	\$320.64	\$160.32
Couple	\$80.09	\$961.08	\$640.72	\$320.36
Family	\$86.20	\$1034.40	\$689.60	\$344.80
Indigenous				
Single	\$13.82	\$165.84	\$110.56	\$55.28
Couple	\$27.50	\$330.00	\$220.00	\$110.00
Family	\$29.19	\$350.28	\$233.52	\$116.76
International (Mandatory)				
Single	\$24.11	\$289.32	\$192.88	\$96.44
Couple	\$44.56	\$534.72	\$356.48	\$178.24
Family	\$47.22	\$566.64	\$377.76	\$188.88

## IMPORTANT DATES:

**FALL TERM OPT-CHANGE/OPT-OUT DEADLINE:**  
**SEPTEMBER 17, 2018**

**WINTER TERM OPT-CHANGE/OPT-OUT DEADLINE:**  
**JANUARY 18, 2019**

**SPRING TERM OPT-CHANGE/OPT-OUT DEADLINE:**  
**MAY 22, 2019**