

# 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		
Gender				
<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Undeclared/Undisclosed	<input type="radio"/> Other* _____	

\*Please disclose the category you identify with if selected 'Other'.

## OPT-CHANGE STATUS

Please select the option(s) which apply:

- Full-time       Part-time       First Nations/Métis/Inuit Status       Indigenous non-status
- Graduate Studies       International       PACE

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## 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 2019/20

Domestic Full-Time Undergraduate	Monthly Fee	Fall Term	Winter Term	Spring Term
Single	\$20.69	\$248.28	\$165.52	\$82.76
Couple	\$41.14	\$493.68	\$329.12	\$164.56
Family	\$44.30	\$531.60	\$354.40	\$177.20
<b>Opt-in (Graduate &amp; Part-time)</b>				
Single	\$40.10	\$481.20	\$320.80	\$160.40
Couple	\$80.11	\$961.32	\$640.88	\$320.44
Family	\$86.22	\$1,034.64	\$689.76	\$344.88
<b>First Nations</b>				
Single	\$13.64	\$163.68	\$109.12	\$54.56
Couple	\$27.06	\$324.72	\$216.48	\$108.24
Family	\$27.64	\$331.68	\$221.12	\$110.56
<b>International (Mandatory)</b>				
Single	\$24.69	\$296.28	\$197.52	\$98.76
Couple	\$45.14	\$541.68	\$361.12	\$180.56
Family	\$48.30	\$579.60	\$386.40	\$193.20

## IMPORTANT DATES:

**FALL TERM OPT-CHANGE/OPT-OUT DEADLINE:**  
**SEPTEMBER 16, 2019**

**WINTER TERM OPT-CHANGE/OPT-OUT DEADLINE:**  
**JANUARY 17, 2020**

**SPRING TERM OPT-CHANGE/OPT-OUT DEADLINE:**  
**MAY 20, 2020**