

OPT-IN/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 a digital copy of this form to optchange@theuwsa.ca. 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-In/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:

- | | | | |
|--|-------------------------------------|--|---|
| <input type="radio"/> Full-time | <input type="radio"/> Part-time | <input type="radio"/> First Nations/Métis/Inuit Status | <input type="radio"/> Indigenous non-status |
| <input type="radio"/> Graduate Studies | <input type="radio"/> International | <input type="radio"/> PACE | <input type="radio"/> Registered Accessibility Services Student |

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 Canadian resident and covered under a provincial health plan; and
- 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:

- 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
- 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:

- An unmarried child of any age, who is totally disabled by reason of mental or physical disability;
- 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:

The UWSA is committed to protecting personal information provided in the course of the services it provides and the operation of the organization, including that information submitted in the forms. For more information please see the UWSA Privacy Policy, available online at theuwsa.ca/bylawsandpolicy, and last revised in 2019.

HEALTH PLAN RATES 2020/21:

Full-Time Undergraduate	Monthly Fee	Fall Term	Winter Term	Spring Term
Single	\$22.73	\$272.76	\$181.84	\$90.92
Couple	\$44.97	\$539.64	\$359.76	\$179.88
Family	\$44.30	\$581.04	\$387.36	\$193.68
Opt-In (Graduate, PACE & Part-time)				
Single	\$43.89	\$526.68	\$351.12	\$175.56
Couple	\$87.45	\$1,049.40	\$640.88	\$320.44
Family	\$94.11	\$1,129.32	\$752.88	\$376.44
International (Mandatory)				
Single	\$26.48	\$317.76	\$211.84	\$105.92
Couple	\$48.72	\$584.64	\$389.76	\$194.88
Family	\$ 52.17	\$626.04	\$417.36	\$208.68
First Nations (Optional - Treaty Health Benefit Supplement)				
Single	\$15.04	\$180.48	\$120.32	\$60.16
Couple	\$29.62	\$355.44	\$236.96	\$118.48
Family	\$30.26	\$363.12	\$242.08	\$121.04

IMPORTANT DATES:

FALL TERM OPT-CHANGE/OPT-OUT DEADLINE:
SEPTEMBER 21, 2020

WINTER TERM OPT-CHANGE/OPT-OUT DEADLINE:
JANUARY 19, 2021

SPRING TERM OPT-CHANGE/OPT-OUT DEADLINE:
TBA

UNIVERSITY OF WINNIPEG
 STUDENTS' ASSOCIATION

**HEALTH
 PLAN** 

theuwsa.ca/healthplan