

OPT-IN/Opt-CHANGE FORM

This form is for students who wish to 1) Opt-in 2) Apply for the UWSA 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 HTA) for the current 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

First Name: _____ Last Name: _____ UWSA ID: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Gender: Male Female Undeclared/Undisclosed Other* _____

Phone Number: _____

OPT-CHANGE STATUS

Current Coverage: UWSA Health Plan Other: _____

Spouse/Dependent Coverage: None UWSA Health Plan Other: _____

Student Status: UWSA Student UWSA Services Student Other: _____

COVERAGE

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 dependent child must be:

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;

Additional Information: _____

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 2022/23:

Full-Time Undergraduate	Fall Term	Winter Term	Spring Term
Single	\$296.52	\$197.68	\$98.84
Couple	\$551.16	\$367.44	\$183.72
Family	\$590.52	\$393.68	\$196.84
Opt-In (Graduate, PACE & Part-time)			
Single	\$532.20	\$354.80	\$177.40
Couple	\$1,024.20	\$682.80	\$341.40
Family	\$1,099.92	\$733.28	\$366.64
International (Mandatory)			
Single	\$343.68	\$229.12	\$114.56
Couple	\$600.12	\$400.08	\$200.04
Family	\$640.56	\$427.04	\$213.52
First Nations (Optional - Non-Prescription Plan)			
Single	\$222.72	\$148.48	\$74.24
Couple	\$403.56	\$269.04	\$134.52
Family	\$427.20	\$284.80	\$142.40

IMPORTANT DATES:

FALL TERM OPT-CHANGE/OPT-OUT DEADLINE:
SEPTEMBER 19, 2022

WINTER TERM OPT-CHANGE/OPT-OUT
DEADLINE: **JANUARY 17, 2023**

SPRING TERM OPT-CHANGE/OPT-OUT DEADLINE:
TO BE ANNOUNCED

UNIVERSITY OF WINNIPEG
STUDENTS' ASSOCIATION

**HEALTH
PLAN** 

theuwsa.ca/healthplan