

Health Plan OPT-IN form

As a SOGS member, a graduate student on leave or a UWO Post Doctoral Fellow, I am exercising my option to opt-in to the extended health plan provided by the Society of Graduate Students (SOGS) at UWO. I have received and read the information provided and agree to pay the opt-in premium.



SOCIETY OF GRADUATE STUDENTS
THE UNIVERSITY OF WESTERN ONTARIO

Winter 2015	Single	+ 1 dependant	+ 2 or more dependants
Full Time	Included on Tuition Fee Bill	\$290.45	\$580.85
Part Time	\$422.60	\$833.00	\$1,243.35
* LOA & Post-Docs	\$449.85	\$860.20	\$1,270.55

Student Name: _____
 Surname _____ First Name _____

Student Info: _____
 E-mail address _____ Student Number _____

 Date of Birth (MM/DD/YY) _____ Male/Female _____ Phone Number (_____) _____

Eligible Dependant(s) to be insured				
Please Print:	Surname	First Name	Gender	Date of Birth (MM/DD/YR)
Spouse:	_____	_____	_____	_____
Children:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

*** LOA & Post-Doctoral: I hereby certify the above is a Student on Leave or a Post-Doctoral Fellow; and I have attached documentation validating his/her status...**

Department Info: _____
 Department Chair/ Supervisor _____ Signature _____

 Department _____ Ext. # _____ E-mail _____

Deadlines:

Full-Time, Part-Time & Students on Leave January 31, 2015
Post-Doctoral Fellows 2 months from the date of enrolment this academic year

Student Signature: _____ **DATE:** _____