

**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

<b>Fall 2014</b>	<b>Single</b>	<b>+ 1 dependant</b>	<b>+ 2 or more dependants</b>
<b>Full Time</b>	Included on Tuition Fee Bill	\$435.65	\$871.30
<b>Part Time</b>	\$633.90	\$1,249.50	\$1,865.00
<b>LOA &amp; Post-Doc *</b>	\$674.75	\$1,290.30	\$1,905.85

**Student Name:**

Surname \_\_\_\_\_

First Name \_\_\_\_\_

**Student Info:**

E-mail address \_\_\_\_\_

Student Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

(MM/DD/YY)

Male/Female \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number**Eligible Dependat(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 \_\_\_\_\_

**Full-Time, Part-Time & Students on Leave:**

Deadline is September 30, 2014

**PostDoctoral Fellows:**

Deadline is 2 months from the date of enrolment this academic year

**Student Signature:** \_\_\_\_\_**DATE:** \_\_\_\_\_