



**SENIOR ENROLMENT FORM for 2018-2019  
EXTENDED HEALTH & DENTAL BENEFITS**  
Association of Part-Time Undergraduate Students  
of the University of Toronto

The Association of Part-Time Undergraduate Students benefit plans provide coverage for medical expenses not covered by your provincial plan (i.e. OHIP or equivalent), such as prescription drugs and dental treatments. If you are a registered part-time undergraduate student at the University of Toronto and **between the ages of 65 to 80, you are exempted from the APUS Health & Dental Plan.**

The APUS Health & Dental Plan is primarily for prescription drug reimbursement and includes limited accident coverage. Since OHIP pays for almost all prescription drugs for seniors and many seniors have other forms of insurance, the APUS Health & Dental Plan **may not be of use to you.** Please note that if you opt-in to the APUS Health & Dental Plan, eye exam coverage is excluded for senior students as this is already covered by the OHIP.

In order to receive coverage offered by APUS, please complete the sections below and return this form and the appropriate fee to the APUS offices.

**Students starting in September 2018** must return completed forms between September 1-30, 2018.

**Students starting in January 2019** must return completed forms between January 1-31, 2019.

For more information, please visit our website at [www.apus.ca/health](http://www.apus.ca/health) or contact the Member Services Coordinator at: [services@apus.ca](mailto:services@apus.ca).

Please return completed form to either APUS office locations:

- Room 1089, Sidney Smith Hall, 100 St. George Street, Toronto, Ontario M5S 3G3
- Suite 236, North Borden Building, 563 Spadina Crescent, Toronto, Ontario M5S 2J7

**Student Information: Please print all information clearly and ensure that your information is correct.**

			Gender (male, female, undisclosed)		
_____	_____	_____	<input type="radio"/> <input type="radio"/> <input type="radio"/> M   F   U	_____	
<b>Last Name</b>	<b>First Name</b>	<b>Initial</b>		<b>Date of Birth</b> [MM/DD/YY]	
_____			_____	_____	
<b>Mailing Address</b>			<b>City &amp; Province</b>	<b>Postal Code</b>	
_____			_____		
<b>Program Name and Faculty</b>			<b>Your Green Shield ID:</b> APU + Your Student Number -00		
_____	_____				
<b>Telephone</b>	<b>Email</b>				

**PAYMENT OPTIONS: CHEQUE OR MONEY ORDER**



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Cheques should be made out to: **Association of Part-time Undergraduate Students**

\* These fees are in addition to the individual fees paid with tuition.

**PLAN FEES**

Please pay half of the Senior opt-in fee if you are only enrolled for classes for one term. Your coverage will extend for the following period(s) depending on the term(s) registered:

- Registered for Fall Term – September 1, 2018 to February 28, 2019
- Registered for Winter Term – March 1, 2019 to August 31, 2019
- Registered for Fall and Winter Terms – September 1, 2018 to August 31, 2019

**Note:** Students may only opt in for academic terms in which they are registered at the University.

Please check off **one** of the following three options:

I would like to opt into the following APUS Fees for 2018-2019:

- APUS Membership Fee + Health Coverage ONLY (**\$158.56 for full-year or \$79.28 for half-year**)
- APUS Membership Fee + Dental Coverage ONLY (**\$136.82 for full-year or \$68.41 for half-year**)
- APUS Membership Fee + BOTH Health & Dental Coverage (**\$268.08 for full-year or \$134.04 for half-year**)

Please check off **one** of the following three options:

I am a part-time undergraduate student registered at the following campus:

- St. George
- UTM
- Scarborough

Please check off **one** of the following three options:

I am currently enrolled in courses during the following terms:

- Fall 2018 term
- Winter 2019 term
- Both terms

**BY COMPLETING THIS SENIOR APPLICATION FORM YOU AGREE TO THE FOLLOWING:**

*I confirm that the information provided above is accurate. I authorize the use of this information where it is required, and I am aware that this information will not be used in any manner except to administer the plans in accordance with APUS policy.*

X \_\_\_\_\_  
**Student Signature** **Date:**

<b>FOR APUS OFFICE USE ONLY</b>		
<b>Cheque Number &amp; Name:</b>		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
<b>Cheque amount:</b>	<b>Date:</b>	Staff Initial
*Please photocopy cheque and attach to this form.*		