



FAMILY/PARTNER ENROLMENT FORM for 2019-2020 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. The benefits provided to APUS members (part-time undergraduate students) can be extended to a spouse/partner and/or dependent children. To add eligible dependents, complete the sections below and return this form and the appropriate fee to the APUS offices.

Students starting in September 2019 must return completed forms between September 1-30, 2019.
Students starting in January 2020 must return completed forms between January 1-31, 2020.

For more information, please visit our website at www.apus.ca/health or contact the Member Services Coordinator at: 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 <small>(M-male, F-female, U-undisclosed)</small> <input type="radio"/> <input type="radio"/> <input type="radio"/> M F U	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> Date of Birth [MM/DD/YY]			
Last Name	First Name	Initial					
Mailing Address			City & Province	Postal Code			
Program Name and Faculty			Your Green Shield ID: APU + Your Student Number -00				
Telephone	Email						

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

			<input type="radio"/> <input type="radio"/> <input type="radio"/> M F U	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> Date of Birth			
Last Name (suffix -01)	First Name	Relationship					
			<input type="radio"/> <input type="radio"/> <input type="radio"/> M F U	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> Date of Birth			
Last Name (suffix -02)	First Name	Relationship					



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Form fields for Name, Relationship, and Date of Birth for the first individual.

Form fields for Name, Relationship, and Date of Birth for the second individual.

PAYMENT OPTIONS: CHEQUE OR MONEY ORDER
Cheques should be made out to: Association of Part-time Undergraduate Students
Note: These fees are in addition to the individual fees paid with tuition.

PLAN FEES

Please pay half of the Family 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, 2019 to February 28, 2020
Registered for Winter Term – March 1, 2020 to August 31, 2020
Registered for Fall and Winter Terms – September 1 to August 31, 2020

Note: For those who are registered for one term only, you may only opt your family in only for that term.

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

- St. George
UTM
Scarborough

I am currently enrolled in courses during the following terms:

- Fall 2019 term only
Winter 2020 term only
Both terms

I would like to opt into the following APUS Fees for 2019-2020:

- Health Coverage ONLY (\$211.90 for full-year or \$105.95 for half-year)
Dental Coverage ONLY (\$86.36 for full-year or \$43.18 for half-year)
BOTH Health & Dental Coverage (\$298.28 for full-year or \$149.14 for half-year)

BY COMPLETING THIS FAMILY APPLICATION FORM YOU AGREE TO THE FOLLOWING:

I confirm that the information provided above is accurate. I understand that the information above is required in order for me to provide the same extended health and dental benefits, as outlined in the benefits plan booklet available online at www.greenshield.ca/studentcentre (excluding tutorial benefits) to my spouse and/or dependent children. I further understand that Accidental Death & Dismemberment benefits offered are for members only and are NOT available to my spouse and/or dependent children. 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:

FOR APUS OFFICE USE ONLY
Cheque Number & Name:
Cheque amount:
Date:
Staff Initial

Please photocopy cheque and attach to this form.