



Health & Dental Plan: Out of Country Exempt Form 2021

Association of Part-Time Undergraduate Students of the University of Toronto

Who should use this form? Part-time International students who will be studying outside of Canada for Winter 2021 semester.

Use this form to: notify the Association of Part-time Undergraduate Students of the University of Toronto (APUS) to declare that you will not be studying within Canada for the Winter 2021 semester and request to be exempt from the health and dental plan for the Winter 2021 semester. This form must be submitted by **February 5, 2021**.

Documentation: please attach an updated copy of your Fall 2020- Winter 2021 academic invoice found on Acorn.

Your UHIP coverage is supplementary to the APUS health and dental plan and it is not considered equivalent coverage. Once you arrive in Canada you are required to have equivalent health and dental coverage. UHIP generally covers services covered by the Ontario Health Insurance Plan (OHIP) such as hospital visits, visits with a family physician, and ambulance services. Your health and dental plan covers a wider range of services and purchases such as prescription drugs, mental health services, extended health services, vision, dental and travel coverage.

Student #:	_____	Date of Birth:	YYYY/MM/DD _____
First name:	_____	Last name:	_____
Current Address:	Address line 1: _____	Address line 2:	_____
	City: _____	Region/State/Province	_____
	ZIP/Postal Code: _____	Country:	_____
Phone #:	_____	Email:	_____

I declare that I will be studying outside of Canada for the Fall 2020 semester and request that I be exempted from the APUS health and dental plan for the Fall 2020 semester.

(Initial here)

I certify that the information submitted on this form is to the best of my knowledge and belief, true, accurate and complete.

By signing below, I hereby certify that I will be residing and studying outside of Canada for the Winter 20201 semester and I am therefore requesting to be exempted from the health and dental plan coverage.

I acknowledge and agree that it is my responsibility to opt-in to the APUS health and dental plan and pay the associated premium costs once I return to Canada to study.

Signature of Student

Date: YYYY/MM/DD

Submission deadline: This form must be submitted to services@apus.ca by **February 5, 2021**