

This form will enable you to apply for Family health coverage which is also available at an additional cost indicated below in the corresponding application section. **This form must be returned directly to ACL before the deadline dates shown below.**

PLEASE MAKE CERTIFIED CHEQUE OR MONEY ORDER PAYABLE TO: ACL Student Benefits
1 Yonge Street, Suite 1200
Toronto, Ontario, M1E 1E5
Toll Free: 1 – 800 – 315 – 1108

STUDENT INFORMATION

PLEASE PRINT CLEARLY

Surname: _____ First Name: _____

Student ID#: _____ DOB: m/____ d/____ y/____ Gender: M____ F____ Date: _____

Home mailing address : _____ City _____ Postal Code _____

Phone Number: _____ Campus: _____ Name of Program: _____

PLEASE ENROLL THE FOLLOWING MEMBERS OF MY FAMILY: (If more space is required, attach separate list)

Fall Intake Deadline: September 30, 2016 at 4:00 p.m.
Winter Intake Deadline: January 31, 2017 at 4:00 p.m.
Summer Intake Deadline: May 31, 2017 at 4:00pm

FAMILY OPT-IN

- **To be eligible, all dependants must have current OHIP or equivalent coverage.**
- **I understand this coverage terminates at the end of the school year for which I am registered or date of withdrawal, whichever is earlier**

_____ Surname	_____ First Name	_____ y/____ m/____ d/____ DOB	_____ Relationship to Student
_____ Surname	_____ First Name	_____ y/____ m/____ d/____ DOB	_____ Relationship to Student
_____ Surname	_____ First Name	_____ y/____ m/____ d/____ DOB	_____ Relationship to Student
_____ Surname	_____ First Name	_____ y/____ m/____ d/____ DOB	_____ Relationship to Student

- I wish to apply for:**
- (indicate by checkmark)
- _____ **\$245.92 HEALTH BENEFITS (September Rate) (8% tax included)**
- _____ **\$163.95 HEALTH BENEFITS (January Rate) (8% tax included)**
- _____ **\$82.95 HEALTH BENEFITS (May Rate) (8% tax included)**

I wish to apply for the St. Lawrence College Full Time Student Health Plan for the Dependents registered above and agree to be bound by the benefit plan terms and conditions.

Health Benefits are defined as prescription drug and accident benefits only.
Dental and Vision care benefits are NOT included.

SIGNATURE OF STUDENT _____ DATE _____

- Family Prescription Drug cards are to be picked up at the Health Centre or Customer Service Centre. Please allow 30 days from application date for processing and delivery.
- “SPOUSE” as used herein means the legal spouse of the Insured Student provided there is no legal separation in effect, or an individual of the opposite sex or same who has been Residing with the Insured Student for a period of at least one year and who has been designated as the spouse of the Insured Student in St. Lawrence’s records for insurance purposes, up to the spouse’s 70th birthday, is a resident of Canada and is covered under the provincial health insurance plan.
- “DEPENDENT CHILD OR CHILDREN” as used herein means any natural child, step-child or legally adopted child of the Insured Student, who is 20 years of age and under, unmarried, and receives full support and maintenance from the Insured Student, or 21 years of age but less than 25 years of age, unmarried, and receives full support and maintenance from the Insured Student for reason of full-time attendance at an accredited institute, college or university in Canada or receives full support and maintenance from the Insured Student by reason of mental or physical infirmity, is a resident of Canada and is covered under the provincial health insurance plan.

Freedom of Information and Protection of Privacy Act

In accordance with the Freedom of Information and Protection of Privacy Act, this is to advise you that the personal information collected on this form will be used for administrative purposes by the College and will be submitted to the insurance broker and carrier to process your coverage. Any questions concerning the collection of this information may be directed to the Health Centre.