

**CARLETON UNIVERSITY STUDENTS' ASSOCIATION (CUSA)  
& GRADUATE STUDENTS' ASSOCIATION (GSA)**

**OPT-IN APPLICATION FORM 2008-2009**

This form will enable you to apply for Single, Couple or Family coverage in the CUSA/GSA Drug/Accident and/or Dental Insurance Plan(s) for the school year, by filling in the corresponding application section below.

This form must be returned to the Carleton University Students' Association office (Room 401, University Centre, 613-520-6688) by the appropriate deadline indicated below. Coverage is valid between September 1, 2008 to August 31, 2009 for Fall registrants and January 1, 2009 to August 31, 2009 for Winter registrants.

Student Number: 100 **Undergraduate**  **Graduate**

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: F  M

Last Name: \_\_\_\_\_

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

Address, Apt #: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Are you a part-time or full-time January student and wish to enrol yourself?  YES

**\*\*IF YOU ARE PART-TIME PLEASE SEE FEES BELOW.\*\***  
**\*\*YOU MUST HAVE COVERAGE FOR YOURSELF TO OPT-IN FAMILY MEMBERS.\*\***

**ACCEPTED METHODS OF PAYMENT: CASH, MONEY ORDER OR CERTIFIED CHEQUE. (MADE PAYABLE TO CUSA)**

*Here are the annual fees for your student health plan:*

	Health Only	Dental Only	Both
<b>Part-time, Full-time January Students:</b>	<input type="checkbox"/> \$88.00	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$168.00
<b>Couples Coverage (Only one dependant):</b>	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$340.00
<b>Family Coverage (More than one dependant):</b>	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$550.00

Please add the following family members:

Last Name	First Name	Gender	Date of Birth (mm/dd/yyyy)	Relation (Spouse or Child)

*Please note that dependants do not include your parents, brothers or sisters.*

**PAYMENT CAN ONLY BE MADE AT THE CUSA OFFICE**

**PLEASE NOTE**

**FALL REGISTRATION DEADLINE – OCTOBER 10<sup>TH</sup>, 2008**  
**WINTER REGISTRATION DEADLINE – FEBRUARY 8<sup>TH</sup>, 2009**

**NO EXCEPTIONS**

I wish to apply for the CUSA/GSA Drug/Accident and/or Dental Insurance Plan (s) for Single, Couple or Family coverage and I agree to be bound by the benefit plan terms and conditions.

SIGNATURE OF STUDENT	DATE
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