

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

**OPT-IN APPLICATION FORM 2010-2011**

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, 2010 to August 31, 2011 for Fall registrants and January 1, 2011 to August 31, 2011 for Winter registrants.

Student Number: \_\_\_\_\_ Undergraduate  Graduate   
 Date of Birth (mm/dd/yy): \_\_\_\_\_ Gender: F  M   
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Address, Apt. #: \_\_\_\_\_  
 City, Province, Postal Code: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_

**\*\*IF YOU ARE PART-TIME PLEASE SEE FEES BELOW\*\***

**\*\*YOU MUST HAVE COVERAGE FOR YOURSELF TO OPT-IN TO COUPLES/FAMILY COVERAGE\*\***

This means you must pay \$178.00 plus the additional costs outlined below. Proof of enrollment is required. You can get this from your connect account.

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

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

	<b>Health Only</b>	<b>Dental Only</b>	<b>Both</b>
<b>Part-time, Full-time January Students:</b>	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$83.00	\$178.00
<b>Couples Coverage (Only one dependant):</b>	\$190.00	\$180.00	\$370.00
<b>Family Coverage (More than one dependant):</b>	\$280.00	\$300.00	\$580.00

Please add the following family members (PRINT CLEARLY):

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

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 7<sup>TH</sup>, 2010**                      **NO EXCEPTIONS**  
**WINTER REGISTRATION DEADLINE—FEBRUARY 18<sup>TH</sup>, 2011.**

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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