

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

OPT-IN APPLICATION FORM 2009-2010

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, 2009 to August 31, 2010 for Fall registrants and January 1, 2010 to August 31, 2010 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: () _____

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

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

****YOU MUST HAVE COVERAGE FOR YOURSELF TO OPT-IN FAMILY MEMBERS. This means the couples and family coverage options are the fees required in ADDITION to your own****

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
Part-time, Full-time January Students:	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$83.00	\$178.00
Couples Coverage (to add one dependant):	\$180.00	\$170.00	\$350.00
Family Coverage (to add more than one dependant):	\$260.00	\$300.00	\$560.00

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 WINTER REGISTRATION DEADLINE—FEBRUARY 8TH, 2010. 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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