

McGill University Enrolment – WINTER 2025 PGSS Health & Dental Plan Deadline: January 30, 2025



To complete an enrolment, you must return this form with a cheque or money order payable to Studentcare by the deadline. In order to be eligible for coverage, you and your dependants must already have provincial or equivalent primary health-care coverage.

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5 DEPENDANT'S INFORM	MATION					
Legal Family Name	Legal First Name	Chosen Name	Relationship (Spouse/Child)	Sex (M/F)	Date of Birth (MM/DD/YYYY)	

6 DEPENDANT'S ELIGIBILITY

Your spouse by marriage or under any other formal union recognized by law, or your partner who has been publicly represented as your spouse for at least 1 year, is an eligible dependant. You can only cover one spouse at a time.

Your children and your spouse's children (other than foster children) are eligible dependants if they are not married or in any other formal union recognized by law and are under the age of 22. A child, who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependant until the age of 26 as long as the child is entirely dependent on you for financial support. You need to provide proof of the child's full-time status. If your child is over 21 years old, is disabled and is entirely dependent on you for financial support, he/she is eligible.

These benefits along with the Gender Affirmation Care are underwritten by GreenShield. Canadian Premier Life Insurance Company/Securian Canada is the underwriter for travel.

7 Instructions

Please return the enrolment form to Studentcare between December 11, 2024 and January 30, 2025.

Include the following when submitting this form:

A cheque or money order payable to Studentcare for the amount written in Section 4 . Please write your ID number in the "m	nemo"
section on the cheque or money order.	
Proof of eligibility: "Invoice/Facture". It must include your name and student ID number as well as show that you are bille	ed the
PGSS fee.	

Send the enrolment form including the necessary documents by mail to 1200 McGill College Avenue, Suite 2200, Montreal (QC) H3B 4G7.

Any request to cancel this enrolment must be made within the Change-of-Coverage and Opt-Out Period. No enrolment reimbursement will be issued after this period. Please note that a \$25 administration fee will be deducted from the amount to be refunded.

Coverage is valid from January 1 to August 31, 2025.

8 AUTHORIZATION

I understand that the coverage of my spouse/dependants is contingent upon my enrolment in the Plan. If I cease to be eligible for the Plan, then my dependants' coverage will be terminated.

I am authorized to disclose information about my spouse and dependants for the purpose of enrolling them in the Plan.

By enrolling in this Plan, I authorize the following:

- GreenShield, Canadian Premier Life Insurance Company/Securian Canada, their agents and service providers to use the information on this form to underwrite, administer, and pay claims.
- Studentcare and its agents to use the information on this form for benefits administration under this Plan and any other services provided to me by them.

The amount payable includes all amounts due, including spouse or family enrolment fees, and may include administration fees and/or other emoluments.

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$\hfill \square$ I would like my name, email, and address to be used specially developed for students. I understand that I can variety	d by Studentcare to inform me about other insurance products and services withdraw this consent at any time.
Signature:	Date: