

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 health-care coverage.**

A member ID number to be used with the Health & Dental Plan will be assigned to you after the Change-of Coverage Period.

1 INFORMATION ABOUT THE STUDENT						
Student ID Number	Legal Last Name	Legal First Name	Chosen Name	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (MM/DD/YYYY)	
Address			City	Province	Postal Code	
Phone Number Home:                      Other:		Email Address		Province of Canadian health-care coverage		

## 2 SELF-ENROLMENT

Prior to enrolling in the Plan, Postdoctoral Fellows registered with the College of Graduate and Postdoctoral Studies (CGPS) and graduate students registered at one of the affiliated colleges in the Saskatoon Theological Union (STU) must pay the GSA association fees directly to the GSA and then provide a copy of the receipt with this form to confirm eligibility.

Graduate Students' Association, University of Saskatchewan, Emmanuel & St. Chad, 1337  
College Drive, Saskatoon, SK S7N 0W6

Health Plan <input type="checkbox"/> \$373.35	Dental Plan <input type="checkbox"/> \$305.47	Health & Dental Plan <input type="checkbox"/> \$678.82	Amount for self-enrolment \$ _____
---	---	--	---------------------------------------

## 3 FAMILY ENROLMENT

Please note that the additional fees for the enrolment of a spouse and/or child/children do not include fees related to the student's participation in the Plan. The enrolment must be completed every policy year. A dependant's coverage must be equal to or lesser than the Plan member's coverage.

Adding one (1) dependant (spouse or child).			Amount for family enrolment \$ _____
Health Plan <input type="checkbox"/> \$373.35	Dental Plan <input type="checkbox"/> \$305.47	Health & Dental Plan <input type="checkbox"/> \$678.82	
Adding two (2) or more dependants (spouse and/or any number of children).			Amount for family enrolment \$ _____
Health Plan <input type="checkbox"/> \$746.70	Dental Plan <input type="checkbox"/> \$610.94	Health & Dental Plan <input type="checkbox"/> \$1,357.64	

## 4 ENROLMENT FEES

Add fees from sections 2 and 3:	\$ _____
---------------------------------	----------

FOR STUDENTCARE USE ONLY (DO NOT COMPLETE)			
Date Received	\$	Done in SAS	Initials
FALL	WINTER	SPRING	

Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
Health & Dental	Health & Dental	Health & Dental	Health & Dental	Health & Dental	Health & Dental	Health & Dental	Health & Dental	Health & Dental

Page 1 of 2

5 DEPENDANT'S INFORMATION					
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 are underwritten by Canadian Premier Life Insurance Company/Securian Canada.

## 7 INSTRUCTIONS

Please return the enrolment form to Studentcare between August 30 and October 1, 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 "memo" section on the cheque or money order.
- ☐ Proof of GSA membership fee payment, which must include your name.

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 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 September 1, 2025 to August 31, 2026.

## 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:

- Canadian Premier Life Insurance Company/Securian Canada, its 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.

☐ I would like my name, email, and address to be used by Studentcare to inform me about other insurance products and services specially developed for students. I understand that I can withdraw this consent at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_