STUDENTCARE

College of the Rockies
Enrolment – WINTER 2025
COTRSA Health & Dental Plan
Deadline: January 27, 2025

COTR STUDENTS' ASSOCIATION

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.**

1 INFORMATION ABOUT THE STUDENT

Student ID Number	Legal Last Name	Legal First Name	Chosen Name	Sex M ☐ F ☐	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

If you were already billed the Health & Dental Plan fee by the college, you do not need to fill out this section.

If the college did not bill you automatically but you are eligible for the Plan, you must fill out this section and provide **PROOF OF ELIGIBILITY** ("Tuition Fees"). Please select **one option**.

	Amount for self-enrolment
Winter Semester full-time students eligible for the Plan (9 or more credits). Health & Dental Plan ☐ $160.00	
Winter Semester part-time students eligible for the Plan (fewer than 9 credits). Health & Dental Plan ☐ $240.00	$ _____

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.

	Amount for family enrolment
Adding one (1) dependant (spouse or child). Health & Dental Plan ☐ $320.00	
Adding two (2) or more dependants (spouse and/or any number of children). Health & Dental Plan ☐ $480.00	$ _____

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

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 Pacific Blue Cross. Canadian Premier Life Insurance Company/Securian Canada is the underwriter for travel.

7 INSTRUCTIONS

Please return the enrolment form to Studentcare between **January 6 and January 27, 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 eligibility: "Tuition Fees". It must include your name and student ID number as well as show that you are billed the COTRSA membership fees and the number of credits you are registered for in the Fall Semester.

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 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:

- Pacific Blue Cross, 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.

☐ 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:_____