

Health & Dental Plan Enrolment Form

COVERAGE TYPE (Please Check Box)

Single Student Dependant Family

ALL FIELDS MANDATORY

STUDENT INFORMATION (Please Print in Block Letters)

Student Number	Gender M <input type="checkbox"/> F <input type="checkbox"/>	First Name		
Middle Name	Last Name		Date of Birth (mm/dd/yyyy)	
Effective as of: Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer <input type="checkbox"/>			Date Requested (mm/dd/yyyy)	
Address			Unit/Apt/Suite	
City	Province		Postal Code	
Home Phone		Mobile		
Email		Faculty		

FAMILY COVERAGE INFORMATION (Please list dependants in chronological order)

RELATIONSHIP	FIRST NAME	MIDDLE NAME	LAST NAME	EFFECTIVE AS OF	DATE OF BIRTH <small>(mm/dd/yyyy)</small>	GENDER
01 - Spouse				F <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>
02 - 1st Born				F <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>
03 - 2nd Born				F <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>
04 - 3rd Born				F <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>
05 - 4th Born				F <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>
06 - 5th Born				F <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>
07 - 6th Born				F <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>

FOR OFFICE USE ONLY (Do not fill out)

Payment received by:	HP Coordinator Signature:	
CASH <input type="checkbox"/> DEBIT <input type="checkbox"/> CERTIFIED CHEQUE/MONEY ORDER <input type="checkbox"/>	Date (mm/dd/yyyy)	
Excel By: _____ Date: _____	Excel By: _____ Date: _____	Excel By: _____ Date: _____
Verified By: _____ Date: _____	Verified By: _____ Date: _____	Verified By: _____ Date: _____