



Health and Dental Benefits Plan Family Addition Form

PRIMARY SUBSCRIBER INFORMATION (STUDENTS' UNION MEMBER)

NAME _____ DATE OF BIRTH YYYY/MM/DD

EMAIL _____ STUDENT NUMBER _____

MOBILE NUMBER _____ PHONE NUMBER _____

ADDRESS _____

CLASS START DATE _____

DEPENDANT INFORMATION

DEP.	SURNAME (IF DIFFERENT FROM SUBSCRIBER)	LEGAL FIRST NAME	BIRTHDATE								GENDER	
			Y	Y	Y	Y	M	M	D	D		
SPOUSE												
1ST CHILD												
2ND CHILD												
3RD CHILD												
4TH CHILD												
5TH CHILD												

IMPORTANT INFORMATION

By signing this enrolment form or by providing my personal information to North Island Students' Union, I agree the information is complete and accurate to the best of my knowledge. I am authorised to release information concerning my spouse and my dependants, for determining the eligibility for benefits. I certify that I am authorised by my spouse and/or dependants to disclose and receive information about them that is used for these purposes. If my social insurance number is used as my certificate number, I authorise its use for the identification and administration of my group benefits.

SIGNATURE OF PRIMARY SUBSCRIBER

DATE

For further information on our privacy policies and procedures, please refer to www.greenshield.ca/studentcentre.

Family Addition forms are due by **September 30** for studies beginning in September and **January 31** for studies beginning in January.

FOR OFFICE USE ONLY