



Health and Dental Benefits Plan Opt-Out Form

For students with **existing extend health & dental coverage**; self, spousal, parental or otherwise. **Medical Services Plan of BC (MSP) or travel insurance does not qualify.**

By filling out this form you state:

I wish to decline the student extended benefits plan provided through the North Island Students' Union. I am currently receiving comparable coverage under another extended health and dental plan, in addition to provincial health coverage. I acknowledge that as a result of this waiver I forfeit all right to coverage otherwise available to me under the North Island Students' Union group plan.

I understand that I will not be able to rejoin this program unless my current coverage expires and I apply to be re-added to the plan membership within one (1) month of losing the alternate coverage. I also understand that if I were to not opt-out of the plan I would be able to claim under both my current plan and the North Island Students' Union plan to increase my coverage.

Documentation of existing coverage that clearly shows your name, the name of the insurance company providing the coverage, and the policy/group number **must be shown when submitting this form**. Acceptable documentation includes a certificate, an insurance policy, a membership card or Indigenous Affairs Status Card showing band name.

THE OPT-OUT DEADLINE IS THE LAST DAY OF THE MONTH IN WHICH YOUR PROGRAM STARTS.

STUDENT'S NAME (Last) _____ LAST NAME (First) _____ FIRST NAME

PROGRAM _____ PROGRAM START DATE _____ YYYY/MM/DD

EMAIL _____ STUDENT NUMBER _____

CAMPUS OF STUDY _____ PHONE NUMBER _____

BIRTHDATE _____

DETAILS OF EXISTING COVERAGE (DOCUMENTATION MUST BE SHOWN AT THE TIME OF SUBMISSION)

INSURANCE COMPANY or BAND NAME _____ GROUP or BAND NUMBER _____

STUDENT SIGNATURE _____ DATE _____ YYYY/MM/DD

STUDENTS' UNION SIGNATURE _____ DATE _____ YYYY/MM/DD

Freedom of Information/Protection of Privacy and Student Information Shared by the North Island Students' Union

All students at North Island College are members of the North Island Students' Union, which functions as the recognized representative of the student membership to the administration and the community.

North Island Students' Union collects personal information pursuant to the Colleges and Institutes Act and Section 26 of the Freedom of Information and Protection of Privacy Act. Personal information is used for the purposes consistent with the programs and activities of the College. In the case of the Health and Dental Benefits Plan forms, student information is provided by the North Island Students' Union to the student record to initiate the appropriate financial transaction. For more details on how student information is used, contact the office of the North Island Students' Union.

See reverse for more details.

This form must be delivered to a North Island Students' Union office during office hours at:

North Island Students' Union
(hours available on website, nisu.ca)

D220, beside the Student Lounge
1685 South Dogwood Street
Campbell River, BC V9W 8C1

111 Tye Hall, adjacent to
Cafeteria
2300 Ryan Road
Courtenay, BC V9N 8N6

Right of main campus entrance
3699 Roger Street
Port Alberni, BC V9Y 8E3

OR

Scan and email, with relevant supporting documents to healthanddental@nisu.ca.

Forms sent to any other location will not be processed and all fees will apply. The form may be delivered by hand or email, but must be received on or before the opt-out deadline for your program.

Failure to complete the opt-out process, indicating you meet the opt-out requirements of the plan, on or before the opt-out deadline for your program will lead to your mandatory inclusion in the North Island Students' Union plan.

TO PROTECT YOUR PERSONAL INFORMATION, AND ENSURE YOU MEET THE OPT-OUT DEADLINE, PLEASE REFRAIN FROM SLIDING FORMS UNDER OFFICE DOORS