



## HEALTH & DENTAL PLAN ENROLMENT / CHANGES

### Marine Institute Student's Union

Canadian Federation of Students Local 45  
 Marine Institute, Room W2042  
 P.O. Box 4920, 155 Ridge Road, St. John's, NL A1C 5R3  
 Phone: 709-778-0540 Fax: 709-778-0402

#### Transaction Type:

Add Member    
  Terminate Member    
  Add Dependent    
  Detail Change

Other: \_\_\_\_\_

#### Student Status:

Full-Time    
  Part-Time    
  International

Have you previously opted out of the MISU Health and Dental plans?    
 Yes    
 No

#### Member Information

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Date of Birth (YYYYMMDD): \_\_\_\_\_

Gender:  Female      Male    
 Language:  English      French

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Coverage Information: *Check all that apply*

	Single Coverage	Family Coverage	Cost
Health			
Dental			
	<b>Total</b>		

#### Dependent Information:

Dependent	Surname	Legal First Name	Birthdate								Gender
			Y	Y	Y	Y	M	M	D	D	
Spouse											
1st Child											
2nd Child											
3rd Child											
4th Child											

By signing this enrolment form or by providing my personal information to MISU, I agree the information is complete and accurate to the best of my knowledge. I am authorized to release information concerning my spouse and my dependents, for the purpose of determining eligibility for benefits. I certify that I am authorized by my spouse and/or dependents to disclose and receive information about them that is used for these purposes. For further information on privacy policies and procedures, please refer to your benefit plan booklet website at <http://misuonline.ca/health-and-dental/>

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use**

Receipt Number: \_\_\_\_\_ Payment Method: \_\_\_\_\_

Division: \_\_\_\_\_

	<b>Initials</b>	<b>Date</b>
Keyed in Banner:		
Enrolled in GSC		
Confirmed		

Comments:

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