

# FALL 2024-2025 DEPENDENT OPT-IN APPLICATION FORM

Family coverage is available at an additional cost indicated below in the corresponding application section.  
 You must already be enrolled as a member in the International Student Plan in order to opt-in your family dependents.  
**A dependent is your spouse/common law spouse and/or your child(ren) under age 21.**

STUDENT INFORMATION • PLEASE PRINT CLEARLY:				
SURNAME		FIRST NAME		STUDENT ID
DATE OF BIRTH Y: _____ M: _____ D: _____	GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE	PHONE NUMBER		DATE
CURRENT MAILING ADDRESS (MUST BE IN CANADA)		APT/SUITE	CITY	POSTAL CODE
CAMPUS (PLEASE CHECK ONE) <input type="radio"/> ST. JAMES <input type="radio"/> CASA LOMA <input type="radio"/> WATERFRONT <input type="radio"/> TMU			E-MAIL ADDRESS	

DEPENDENT OPT-IN • PLEASE ENROLL THE FOLLOWING MEMBERS OF MY FAMILY:			
<b>OPT IN DEADLINE: 30 DAYS FROM YOUR PROGRAM START DATE.</b>			
SURNAME	FIRST NAME	DATE OF BIRTH Y: _____ M: _____ D: _____	RELATIONSHIP TO STUDENT
SURNAME	FIRST NAME	DATE OF BIRTH Y: _____ M: _____ D: _____	RELATIONSHIP TO STUDENT
SURNAME	FIRST NAME	DATE OF BIRTH Y: _____ M: _____ D: _____	RELATIONSHIP TO STUDENT
SURNAME	FIRST NAME	DATE OF BIRTH Y: _____ M: _____ D: _____	RELATIONSHIP TO STUDENT
<b>I wish to apply for: (Please indicate)</b>  <div style="display: flex; justify-content: space-between;"> <div> <p><b>1 or more dependents \$1,234.43</b></p> </div> <div> <p><b>INTERNATIONAL STUDENT FAMILY BENEFITS</b>                      For: Hospital, Physician, Accident, Travel, Drug, Health and Dental coverage                      (8% tax included)</p> </div> </div>			

**My signature at the bottom of the page confirms that I wish to apply for the International Student Insurance Plan for my dependents registered above and I agree to be bound by the benefit plan terms.**

**PAYMENT MUST BE INCLUDED**

**PLEASE MAKE PAYMENT TO 'MORCARE INSURANCE' CERTIFIED CHEQUE OR MONEY ORDER.**

**WeSpeakStudent**  
 2255 Sheppard East, Atria 1, 2nd Floor, Suite 202, Toronto, ON, M2J 4Y1

I certify that the information in this form is true and complete, to the best of my knowledge. I am applying for benefits for my spouse/common law spouse and/or my dependent child(ren) and am authorized to release the information to the Insurer. concerning my spouse/common law spouse and/or dependent child(ren) for the purpose of determining their eligibility for benefits. If my student ID number is used as my certificate number, I authorize use for the identification and administration of my group benefits. I authorize Morcare Insurance, its employees, or agents to make any and all inquiries relating to the group benefit claims and administration on behalf of my spouse/common law spouse and/or my dependent child(ren) and myself.

SIGNATURE OF STUDENT	DATE
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**ALL AREAS MUST BE COMPLETED IN ORDER FOR THIS TO BE APPROVED.**