

2023-2024 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"/> M <input type="radio"/> F	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:

OPT IN DEADLINE: 9 DAYS FROM YOUR PROGRAM START DATE.

SURNAME	FIRST NAME	DATE OF BIRTH Y: _____ M: _____ D: _____	RELATIONSHIP TO STUDENT

I wish to apply for: (Please indicate)

<p>105.63 for 2 months coverage</p>	<p>INTERNATIONAL STUDENT FAMILY BENEFITS For: Hospital, Physician, Accident and Travel (8% tax included) (one or more dependents)</p>
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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.

I understand that I must purchase family insurance continuously for each new program intake. Continuous purchase means there is no gap in coverage. Failure to purchase coverage for each intake program means I will not be eligible to insure my family members until the next school year 2020-21.

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