

College of New Caledonia Students' Union

EXTENDED HEALTH & DENTAL OPT-IN FORM SEPTEMBER 01, 2020 - AUGUST 31, 2021

Please Print Clearly

Student Number:	Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Date of Birth (m/d/y):				
First Name :				
Last Name :				
Address :			Apt.	
City, Province:			Postal Code:	
Phone Number :		Email Address :		

FALL SEMESTER STUDENT OPT-IN PART TIME* RATES

EXTENDED HEALTH/WELLNESS/AD&D/DENTAL COVERAGE		
SINGLE	COUPLE (MAX 1 DEPENDANT)	FAMILY (MIN 2 DEPENDANTS)
<input type="checkbox"/> \$260 (Total)	<input type="checkbox"/> \$520 (Total)	<input type="checkbox"/> \$650 (Total)

Note that you must have coverage for yourself to opt-in family members.

*Coverage will be for September 01, 2020 to August 31, 2021

**Please note that family members/dependants do not include parents or siblings.

FOR COUPLE OR FAMILY COVERAGE PLEASE FILL OUT THE TABLE BELOW

Last Name	First Name	Gender	Date of Birth	Relation (spouse or child)
			mm/dd/yyyy	
			mm/dd/yyyy	
			mm/dd/yyyy	
			mm/dd/yyyy	

Cheques must be made payable to: **College of New Caledonia Students' Union**

FALL REGISTRATION DEADLINE – SEPTEMBER 25, 2020

Date:	Student Signature:
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FOR CNCSU OFFICE USE ONLY

Date Received/Initial	(m/d/y):_____	(initial):_____
Payment Amount/Method/Received	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque/Money Order(#) <input type="checkbox"/> Received