

## College of New Caledonia Students' Union

### EXTENDED HEALTH & DENTAL OPT-IN FORM SEPTEMBER 01, 2023 - AUGUST 31, 2024

**Please Print Clearly**

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

### PART-TIME\* STUDENT OPT-IN 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)

As a requirement of enrollment, please see fees below. Note that you must have coverage for yourself to opt-in family members.

\*Coverage will be from September 01, 2023 to August 31, 2024

\*\*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 (mm/dd/yyyy)	Relation (spouse or child)

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

**OPT-IN DEADLINE IS SEPTEMBER 15, 2023 AT 4PM**

Date:	Student Signature:
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**FOR CNCSU OFFICE USE ONLY**

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