



## FAMILY APPLICATION FOR SUPPLEMENTARY HEALTH/DENTAL INSURANCE

**January 1<sup>st</sup>, 2012 – August 31<sup>st</sup>, 2012 inclusive**

To add your family members to the Graduate Students' Union Health and/or Dental plan(s), you must return this form with payment to the Graduate Students' Union (GSU) by **January 26<sup>th</sup>, 2012**.

For plan information and coverage details, please go to <http://www.gsumun.ca>.

**Freedom of Information/Protection of Privacy and Student Information Shared by the University and the GSU**

All graduate students at Memorial University of Newfoundland are members of the Graduate Students' Union, which functions as the recognized representative of the graduate student membership to the administration and the community.

Memorial University of Newfoundland collects personal information pursuant to the University Act, RSBC 1996, c. 468 and section 26 of the Freedom of Information and Protection of Privacy Act. Personal Information is used for purposes consistent with the programs and activities of the University. In the case of the Student Health/Dental Plan forms, student information is provided by GSU to the student record to initiate the appropriate financial transaction.

**PRINT CLEARLY**

Student Name: \_\_\_\_\_  
(Last Name) (First Name)

Student Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Family Member Information:**

Family Member		Relationship to Student	Sex (M/F)	Birthdate (MM/DD/YYYY)
Last Name	First Name			

**Premium Enclosed:** these charges are in *addition* to the fees paid by the primary plan member each semester.

Check Here	Period of Coverage	Coverage Option	Amount
	<b>8 months</b>	<b>Health (Drug and Medical) - Spouse/Partner + one or more children</b>	<b>\$346.60</b>
	<b>8 months</b>	<b>Dental – Spouse/Partner or one Child</b>	<b>\$131.09</b>
	<b>8 months</b>	<b>Dental – Family (Spouse/Partner + one or more children)</b>	<b>\$195.89</b>

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For Internal use only:** Method of payment (Please circle one):    **Cash**    **Cheque**    **Debit**    **Credit**

Total amount received: \_\_\_\_\_ Receipt number (when applicable): \_\_\_\_\_