



**INDIVIDUAL OPT-IN FORM  
SUPPLEMENTARY HEALTH/DENTAL  
INSURANCE**

To Opt In to the Graduate Students' Union Health and/or Dental plan(s), you must return this form to the Graduate Students' Union (GSU) by **January 26<sup>th</sup> 2012, in order to be enrolled in the plan(s) starting in the Winter 2012 semester.** You can return this form either in person, by fax or email. 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: \_\_\_\_\_

Home Address: \_\_\_\_\_

I want to **OPT IN** to (please check **one**):

Health

Dental

Health and Dental

Please be advised that the premium(s) for the selected coverage(s) will be charged directly to your MUN student account on a semester basis. For current rates and more information please visit our website ([www.gsumun.ca](http://www.gsumun.ca)).

STUDENT (SIGNATURE): \_\_\_\_\_

DATE: \_\_\_\_\_