

Extended Health & Dental Benefits: Dependent Enrollment Form



www.greenshield.ca
1-888-711-1119

healthanddental@selkirkstudents.ca
H&D Services Organiser: 250-365-1303

DUE DATE

This form must be received by the SCSU by the last day of the month that your course starts.

SUBSCRIBER INFORMATION

Surname / Last Name: _____ Student #: _____
 Legal First Name: _____ Gender: _____
 Email: _____ Birthdate: _____
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DEPENDENT INFORMATION

Relation to Subscriber *	Surname / Last Name (if different than Subscriber)	Legal First Name	Gender **	Birthdate									
				Y	Y	Y	Y	M	M	D	D		

* Relation options: SP = spouse; DE = child dependent; AD = adult dependent in school; SN = special needs adult dependent.
 ** Gender options: F = female; M = male; U = unassigned/unspecified.

PLAN COSTS AND COVERAGE DETAILS

There are **additional costs** for adding 1 or more dependents. For prices, contact the SCSU office or see selkirkstudents.ca under "Services".
PLEASE NOTE Dependents will **NOT** have the Tutorial Benefit and the Accidental Death and Dismemberment Benefit Plan.

By signing this enrollment form or by providing personal information to my students' union, I agree the information is complete and accurate to the best of my knowledge. I certify that I am authorized by my spouse and/or dependents to disclose and receive the above information about them in order to determine eligibility for benefits. Further information on GSC privacy policies and procedures is available on the website at student.greenshield.ca.

Subscriber signature: _____ Date signed: _____