

ENROLMENT FORM

SCSU EXTENDED HEALTH & DENTAL BENEFITS

H/D Organiser: Robin Legere
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Castlegar Campus Room O-127 250.365.1303



DUE DATE:

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

STUDENT/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

DEPENDENT INFORMATION

* **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". The fee will be added to student account and paid through the college.

PLEASE NOTE Dependents will **NOT** have the Tutorial Benefit and the Life & Accident Insurance.

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 AGA Benefit Solutions (our third party administrator) and GS+ privacy policies and procedures is available on the website at <https://scsu.studenthealthbc.ca/>

Student signature: _____ Date signed: _____

Selkirk College Students' Union, Local 2 of the British Columbia Federation of Students
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