



Student Opt-Out Form

Okanagan College Students' Union Health and Dental Plan



For Students with existing parental, spousal or other benefit insurance coverage:

I wish to decline the supplemental benefit plan coverage available for me through the Okanagan College Students' Union. Comparable coverage is presently provided for me under another plan in addition to my Provincial health insurance plan (MSP).

I acknowledge that as a result of this waiver, I forfeit all right to coverage other-wise available for me under the Okanagan College Students' Union plan.

I realize that I will not be able to rejoin this program until I pay an administration fee of \$120.00 to Okanagan College Students' Union. I understand that if I remain on the plan I can claim under both my current plan and the Okanagan College Students' Union plan to increase my coverage.

The opt-out deadline is the second Friday after your program start date.

Please Print Clearly

Student's Name: _____
Last name First Name

Student Number: _____ **E-mail Address:** _____

Program: _____ **Program Start Date:** _____

Details of existing coverage (Please attach documentation, see * below)

Insurance Company: _____ **Policy Number:** _____

Student Signature: _____ **Date:** _____

**Documentation of existing coverage must clearly show your name.*

- *Acceptable proof of coverage is one of the following:*
- *An insurance card showing your name*
- *A letter from the issuing insurance company (on company letterhead)*
- *A letter from the employer issuing the insurance (on company letterhead).*

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| <p>Authorized Signature: _____ Date: _____</p> <p style="text-align: center;">(OCSU Health and Dental Coordinator)</p> | <p>For office use only</p> |
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