



Health and Dental Plan Enrollment

I, _____, understand that the payment of **\$125.72**, paid to the Okanagan College Students' Union, entitles me to Health and Dental Coverage through the Okanagan College Students' Union plan for the period of **Sept. 1 2020** to **December 31 2020**. I further understand that the coverage is only available to me while I am a student attending Okanagan College, and that no refunds will be provided.

Details:

Name (Please Print)	
Student Number	
Gender	
Date of Birth	
Email	
Phone	
Signature	
Today's Date	