



# 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 **February 1, 2021** to **August 31, 2021**. 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<br>(Please Print) |  |
| Student<br>Number      |  |
| Gender                 |  |
| Date of Birth          |  |
| Email                  |  |
| Phone                  |  |
| Signature              |  |
| Today's Date           |  |