



Mailing Address
PO Box 7000
Vancouver, BC V6B 4E1

Street Address
4250 Canada Way
Burnaby, BC

University of Victoria Graduate Students' Society Opt-Out Form for Supplementary Health and Dental Insurance



Graduate Students' Society
 UNIVERSITY OF VICTORIA

September 1, 2017 to August 31, 2018 inclusive.
 For students with existing spousal, parental or other health insurance coverage.
 Opt-out deadline: September 30, or January 31, for January start students.

I wish to decline the student supplemental **Health** and/or **Dental plan** coverage available through the University of Victoria Graduate Students' Society as comparable coverage is presently provided for me under another plan in addition to my provincial health insurance plan.

I acknowledge that as a result of this waiver, I forfeit all right to coverage otherwise available to me under the University of Victoria Graduate Students' Society.

I realize that I will not be able to rejoin this program until I enrol next year. I also understand that, had I not opted out of this plan, I would have been able to claim under both my current plan and the GSS plan to increase my coverage.

Please print clearly:

Student's last name		Student's first name	Is this a mid-year change? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student number VO	Date of birth (mm/dd/yyyy)	Student's email address and phone number	
Street address		City	

IMPORTANT: Attach details of existing coverage

EHC insurance company	EHC Policy number
Dental insurance company	Dental Policy number

Notes

Details of existing coverage: Documentation of existing coverage must clearly show your name, the name of the insurance company providing the coverage and the policy number. Acceptable documentation is a certificate, an insurance policy or the membership card. The GSS review of graduate student's coverage document is solely to ascertain that a student has met the criteria for the policy of opting out of the GSS Extended Health and Dental Plan. The GSS can not assess the extent or applicability of such coverage and decision to opt out is solely the responsibility of the student.

X _____ Student signature	_____ Date (mm/dd/yyyy)	X _____ Staff signature	_____ Date (mm/dd/yyyy)
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Freedom of Information/Protection of Privacy & Student Information shared by the University of Victoria & GSS

All applicants are advised that any information collected by University of Victoria Graduate Students' Society will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act (1992). The University of Victoria Graduate Students' Society (GSS) collects, uses, and discloses personal information where necessary for the purpose of assessment, enrolment, cancellation, and claim adjudication under the group plan 43222 with the GSS Extended Health and Dental Plan. No information will be used for any other purposes. Personal information is stored and used in accordance with regulations contained in the federal Personal Information Protection and Electronic Document Act. By filling in this form, I consent to the disclosure of my personal information to GSS staffs and Plan Administrators and Pacific BlueCross agents and representatives. I agree to the conditions of the contract between my plan administrator and Pacific Blue Cross/BC Life. I confirm that the information I have provided is true and complete.

If I should receive a settlement or a judgement against a liable third party for benefits covered under my group plan, I agree to and authorize the third party to reimburse Pacific Blue Cross/BC Life up to the amount advanced to me pending such settlement or judgement.

I consent to GSS & Pacific Blue Cross/BC Life collecting, using and disclosing my personal information where reasonably necessary for the purposes of my enrolment or coverage under this group plan. I consent to the disclosure of my personal information to agents and representatives of Pacific Blue Cross/BC Life and other providers/insurers and their agents and representatives for the purposes of assessing and providing benefits coverage. I also consent to the disclosure of my personal information to my plan administrator when required or permitted by contract between Pacific Blue Cross/BC Life and my employer/plan administrator; and to the retention, use and disclosure of my personal information in accordance with the Pacific Blue Cross/BC Life privacy policy.

The privacy policy is online at pac.bluecross.ca or by calling Pacific Blue Cross at 604 419-2000.

University of Victoria Graduate Students' Society Opt-Out Form

You must keep this receipt until the Opt Out process has been finalized through University of Victoria Student Tuition Fees. Please be aware that the Graduate Students' Society Extended Health and Dental Family and Distance Opt-Out has to be renewed each year in September (deadline is September 30th) or January 31, for January start students



Graduate Students' Society
 UNIVERSITY OF VICTORIA

Health **Dental plan**

Student's last name	Student's first name
Student number	

Authorization	Date (mm/dd/yyyy)
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™ Pacific Blue Cross, the registered trade-name of PBC Health Benefits Society, is an independent licensee of the Canadian Association of Blue Cross Plans.