



Mailing Address  
**PO Box 7000**  
**Vancouver, BC V6B 4E1**

Street Address  
**4250 Canada Way**  
**Burnaby, BC**

## University of Victoria Graduate Students' Society Distance Student Opt-In Form for Health and Dental Insurance



September 1, 2016 to August 31, 2017 inclusive.  
 To opt in yourself for Health & Dental insurance, you must return this form with payment to the GSS general office by September 30 (or January 31 if registering in January). For plan information and coverage details, please read the GSS Extended Health and Dental Plan Insurance brochure.

### 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 <b>VO</b>	Date of birth (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Not applicable	Student's email address and phone number	
Street address			City	
Do you have a government health/medical plan in any Canadian province or territory? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>X</b> _____ Student signature	Effective date of coverage (mm/dd/yyyy)
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### I applied to opt in for:

<input type="checkbox"/> Health	<input type="checkbox"/> Dental
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<b>X</b> _____ 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 [www.pac.bluecross.ca](http://www.pac.bluecross.ca) or by calling Pacific Blue Cross/BC Life at 604 419-2000.

### University of Victoria Graduate Students' Society Family Opt-In Form

Health  Dental plan

Please be aware that the Graduate Students' Society Extended Health and Dental Family and Distance Opt-In has to be renewed each year in September (deadline is September 30th) or in January 31 if you were not registered in the fall term.



Student's last name	Student's first name
Student number	
Authorization	Date (mm/dd/yyyy)