



Mailing Address
PO Box 7000
Vancouver, BC V6B 4E1

Street Address
4250 Canada Way
Burnaby, BC

University of Victoria Graduate Students' Society Family Application and Opt-In Form for Health and Dental Insurance



September 1, 2016 to August 31, 2017 inclusive.

To add your family members to the plan, 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:

Health Dental plan

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)	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Not applicable	Student's email address and phone number	
Street address			City	

Family Member Information:

Was this member on your plan as of August 31, 2016

Last name	First name of each family member	Relationship to student	Gender – Male	Female	N/A	Date of birth (mm-dd-yyyy)	Yes	No

X _____
Student signature Effective date of coverage (mm-dd-yyyy) Marriage or co-habitation date (mm-dd-yyyy)

X _____
Staff signature Date (mm-dd-yyyy)

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 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)
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