



Mailing Address
**University of Victoria
Graduate Students' Society**
Street Address
**Halpern Centre for Graduate Students
Victoria, BC V8W 2Y2**
Email address for submission
gsoc@uvic.ca or gssoffice@uvic.ca Website
gss.uvic.ca

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

September 1, 2024 to August 31, 2025 inclusive.

For graduate students residing outside of Canada with existing spousal, parental or other extended health insurance coverage. Opt-out deadline: September 22 for September start students (January 22 for January start students).



I wish to decline the graduate student extended ☐ **Health** and/or ☐ **Dental plan** coverage available through the University of Victoria Graduate Students' Society, either because I have comparable coverage presently provided for me under another plan in addition to my provincial health insurance plan or because I am no longer a member of the GSS.

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 or until my comparable coverage expires, whichever comes first. 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	Phone number
Student number V0	Date of birth (mm-dd-yyyy)	Student's email address	
Street address		City	Postal code

IMPORTANT: Attach documentation of existing coverage

Extended health care insurance company		Extended health care policy number	
Dental insurance company		Dental Policy number	
Is this a mid-year change? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of mid-year change	Reason for mid-year change	
Notes			
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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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 Personal Information and Privacy Act (2004). By filling in this form, I consent to the disclosure of my personal information to GSS staff 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. Opt-Out must to be renewed each year by September 22 for September start students (January 22 for January start students).



☐ **Both health and dental** ☐ **Health** ☐ **Dental**

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

All information collected subject to BC Freedom of Information and Protection of Privacy Act and Pacific Blue Cross' Private Policy, available online at pac.bluecross.ca.

™ Pacific Blue Cross, the registered trade-name of PBC Health Benefits Society, is an independent licensee of the Canadian Association of Blue Cross Plans.

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