



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-In Form for Extended Health and Dental Insurance

September 1, 2024 to August 31, 2025 inclusive.
Return this form with payment to the GSS general office by September 22 (or January 22 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** — ☐ **Single** ☐ **Family** **and/or** ☐ **Dental** — ☐ **Single** ☐ **Family**

Student's last name		Student's first name		Phone number	
Student number VO	Date of birth (mm-dd-yyyy)	Gender* <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> X	Student's email address		
Street address			City	Postal code	
Opt-in category <input type="checkbox"/> Family (dependent) <input type="checkbox"/> Part-time student <input type="checkbox"/> Visiting research student <input type="checkbox"/> Change in Insurance situation or, May start student <input type="checkbox"/> Student on leave					

Family Member Information (If opting in family)						Was this member on your plan as of August 31, 2024	
Last name	First name of each family member	Relationship to student	Gender* <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> X	Marriage or co-habitation date	Date of birth (mm-dd-yyyy)	Yes	No
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> X				
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> X				
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> X				

Is this a mid-year change? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to confirmation of basic medical insurance)	Reason for mid-year change
Date of mid-year change (mm-dd-yyyy)	Effective date of coverage (mm-dd-yyyy)

I confirm that I, and my family (if applicable), have basic medical insurance (Guard.Me, BC MSP, or other Canadian Provincial Health Plan). ☐ Yes ☐ No Initials: _____

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

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

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.

* F = Female, M = Male, U = Prefer not to disclose, X = Another gender

University of Victoria Graduate Students' Society Opt-In Form



Check boxes that apply ☐ **Health** — ☐ **Single** ☐ **Family**
☐ **Dental** — ☐ **Single** ☐ **Family**

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

Keep this receipt for income tax purposes.