

Graduate Student Family OPT-IN form



SOCIETY OF GRADUATE STUDENTS
THE UNIVERSITY OF WESTERN ONTARIO

As a full-time member of the Society, I am exercising my option to add my dependant(s) on to the graduate student extended health plan provided by the Society of Graduate Students (SOGS) at UWO. I have received and read the information brochure provided and agree to pay the annual premium.

Annual: **\$520.14**

Per Registered Term: **\$173.38**

Student Name: _____
Surname First Name

Student Info: _____
E-mail address Student Number

_____ (_____) _____
Date of Birth (Month/Day/Year) Male/Female Phone Number

Eligible Dependant(s) to be insured				
Please Print:	Surname	First Name	Gender	Date of Birth (MM/Day/YR)
Spouse:	_____	_____	_____	_____
Children:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Opt-in deadline is the last business day of the first month of each term.

Student Signature: _____ **Date:** _____