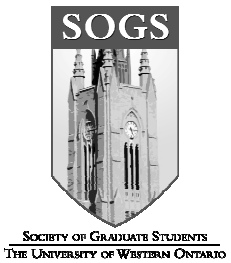
2008 – 2009 Academic Year

Part Time, Leave of Absence and Post Doctoral OPT-IN form



As a SOGS part-time member, graduate student on leave or a UWO Post Doctoral Fellow, I am exercising my option to opt-in to the 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	**Per Registered Term**
PT Single:	$507.96	$169.32
PT with Family:	$1,187.22	$395.74
Post-Doc/Leave of Absence Single:	$569.94	$189.98
Post-Doc/Leave of Absence with Family:	$1,249.20	$416.40

Student Name: _____ _____
Surname First Name

Student Info: _____ _____
E-mail address Student Number

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

I hereby certify the above is a Post-Doctoral Fellow or a Student on Leave and have provided the attached letter validating his/her status

Department Info; _____ _____
Department Chair/Supervisor Signature

_____ _____ _____
Department Ext. # Building

Eligible Dependant(s) to be insured

Please Print:	Surname	First Name	Gender	Date of Birth (MM/DD/YR)
Spouse:	_____,	_____	_____	_____
Children:	_____,	_____	_____	_____
	_____,	_____	_____	_____
	_____,	_____	_____	_____
	_____,	_____	_____	_____
	_____,	_____	_____	_____

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

Student Signature: _____ **Date:** _____