MANITOBA INTERNATIONAL STUDENTS HEALTH INSURANCE APPLICATION
GREAT-WEST LIFE POLICY #42074

2009/10

For office Use Only Inv. # Division #

Student

First Name (to appear on ID Card) _____

Middle Name (to appear on ID Card) _____

Family Name (to appear on ID card) _____

Birthdate _____ ☐ Male ☐ Female
Month/day/year

Have you been covered by this health plan before?
☐ **No** ☐ **Yes** **If yes, provide your ID #** _____

Leave this space blank if an assigned ID # is required.

Are you or your spouse currently eligible for Manitoba Health Insurance?

☐ **No** ☐ **Yes** **If yes, you are not eligible for the Manitoba International Students Health Insurance Plan. Please apply when your coverage under Manitoba Health terminates.**

Are you eligible for other health insurance? _____
☐ **No** ☐ **Yes** **If yes, please provide name of plan.** _____

Address: _____ **Phone Number:** _____ **Email:** _____

City: _____ Manitoba **Postal Code:** _ _ _ _ _ _ **Country of origin:** _____

Name of University/College/School _____

Date of Arrival in Canada _____

Date Educational Program Begins _____

Coverage required starting _____ **to** _____
Month/day/year Month/day/year

Coverage required:

☐ **Single*** ☐ **Family** (complete dependent information below)** **Premium payable:** **$** _____

* If you have a common-law spouse who does not reside with you but will be joining you at a later date, you must complete the dependent information below indicating "to arrive" in Date Arrived in Canada field. If you do not declare your common-law spouse when you initially apply there will be a one year waiting period from the date of notification until benefits for your common-law spouse will commence. In no event will coverage for your common-law spouse commence until he/she is residing with you in Manitoba.

** Students with eligible spouse/child(ren) residing with you in Manitoba must apply for Family coverage immediately. As well, if you acquire an eligible spouse/child(ren) while enrolled in this plan, you must apply for Family coverage within 30 days of acquiring an eligible spouse/child(ren).

Dependent Information

	Name	Birthdate (Month/day/year)	Relationship (please circle one):	Date Arrived In Canada (Month/day/year)
1.			**Spouse: Legal or Common-Law / Son / Daughter** If common-law, date of cohabitation:	
2.			**Spouse: Legal or Common-Law / Son / Daughter** If common-law, date of cohabitation:	
3.			**Spouse: Legal or Common-Law / Son / Daughter** If common-law, date of cohabitation:	

Protecting your Personal Information

At the Great-West Life Assurance Company (GWL), we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that is kept in the offices of GWL or the offices of an organization authorized by GWL. We limit access to information in your file to GWL staff or persons authorized by GWL who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use the personal information to determine your eligibility for coverage and to administer the plan.

Authorizations & Declarations

I hereby apply for coverage under the plan issued by GWL. I authorize GWL, any healthcare provider, my plan administrator, other insurance or reinsurance companies, or benefit providers working with GWL to exchange information, when necessary to determine my eligibility for coverage and to administer the plan. If applying for coverage for my spouse and/or dependents, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this Authorizations and Declarations Section is as valid as the original. I certify that the information given is true, correct, and complete to the best of my knowledge.

Student Signature: _____ **Date:** _____
(Month/day/year)