



Health and Dental Benefits Plan Request to be Re-Added

PERSONAL AND CONTACT INFORMATION

NAME _____ DATE OF BIRTH YYYY/MM/DD _____

EMAIL _____ STUDENT NUMBER _____

MOBILE NUMBER _____ CAMPUS OF STUDY _____

ADDRESS _____

PLEASE PROVIDE PROOF OF FULL TIME ENROLMENT Please provide your enrolment receipt or a signature from a NIC Student Services staff confirming full time enrolment. _____

PREVIOUS COVERAGE INFORMATION

NAME OF PROVIDER _____

GROUP NUMBER _____

DATE COVERAGE ENDED _____

ADDITIONAL INFORMATION

Please provide any additional information, including terms of study with NIC
ex; I studied and opted out in Fall 2017, took a year off and have returned to studies for Fall of 2019.

DATE OF APPLICATION YYYY/MM/DD _____ SIGNATURE _____

The North Island Student's Union policy requires that students who have opted-out of the benefits plan and would like to be re-added must:

1. provide proof of full time studies.
2. provide proof that the coverage that they used to opt-out has been canceled; and
3. apply within one month of losing their alternative extended health and dental coverage or within opt in periods in the case of leaving studies for one or more years. Opt in periods: Sept 1 - 30, January 1 - 31 respectively.

Students who have opted out using false information may be denied admission to the plan in perpetuity.