

Algonquin Students' Association

Opt In/Dependent Application Form 2025-2026

Opt in and family coverage is available at an additional cost indicated below in the corresponding application section.
This form must be returned to the Students' Association Office.

STUDENT INFORMATION • PLEASE PRINT CLEARLY:				
SURNAME		FIRST NAME		STUDENT ID
DATE OF BIRTH Y: M: D:	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NON-BINARY	PHONE NUMBER		DATE
HOME MAILING ADDRESS		CITY		POSTAL CODE
CAMPUS <input type="checkbox"/> WOODROFFE <input type="checkbox"/> PEMBROKE <input type="checkbox"/> PERTH <input type="checkbox"/> ONLINE			NAME OF PROGRAM	

DEPENDENT OPT-IN • PLEASE ENROLL THE FOLLOWING MEMBERS OF MY FAMILY:	
OPT IN DEADLINE: October 3, 2025 for students assessed the Health Plan Fees in Fall 2025 February 2, 2026 for students assessed the Health Plan Fees in Winter 2026 (New Registrants)	
<ul style="list-style-type: none"> To be eligible, all dependants must have current OHIP or equivalent coverage. 	

SURNAME	FIRST NAME	DATE OF BIRTH Y: M: D:	RELATIONSHIP TO STUDENT

I wish to apply for: (Please indicate - Select one only)

<input type="checkbox"/> \$500.91 Health & Dental Benefits (8% tax included)	(September Rate: September 1 - August 31, each policy year)	(one dependent)
<input type="checkbox"/> \$466.34 Health & Dental Benefits (8% tax included)	(January Rate: January 1 - August 31, per policy year)	(one dependent)
<input type="checkbox"/> \$710.51 Health & Dental Benefits (8% tax included)	(September Rate: September 1 - August 31, each policy year)	(two or more dependents)
<input type="checkbox"/> \$669.34 Health & Dental Benefits (8% tax included)	(January Rate: January 1 - August 31, per policy year)	(two or more dependents)

My signature at the bottom of the page confirms that I wish to apply for the Health/Dental Plan for dependents registered above and agree to be bound by the benefit plan terms

Please contact your Students' Association to process your opt-in. healthplan@algonquincollege.com or 613-727-4723 x 7711, x 7738

INDIVIDUAL STUDENT OPT IN • PLEASE ENROLL ME IN THE FOLLOWING:							
<p>* To be eligible, you must have current OHIP or equivalent coverage.</p>							
<p>I wish to apply for: (Please indicate - Select one only)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> \$257.31 Health & Dental Insurance Benefits (8% tax included)</td> <td>(September Rate: September 1 - August 31, each policy year)</td> </tr> <tr> <td><input type="checkbox"/> \$227.61 Health & Dental Insurance Benefits (8% tax included)</td> <td>(January Rate: January 1 - August 31, per policy year)</td> </tr> <tr> <td><input type="checkbox"/> \$38.18 Health Insurance Benefits (8% tax included)</td> <td>(May Rate: May 1 - August 31, per policy year)</td> </tr> </table>		<input type="checkbox"/> \$257.31 Health & Dental Insurance Benefits (8% tax included)	(September Rate: September 1 - August 31, each policy year)	<input type="checkbox"/> \$227.61 Health & Dental Insurance Benefits (8% tax included)	(January Rate: January 1 - August 31, per policy year)	<input type="checkbox"/> \$38.18 Health Insurance Benefits (8% tax included)	(May Rate: May 1 - August 31, per policy year)
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<input type="checkbox"/> \$38.18 Health Insurance Benefits (8% tax included)	(May Rate: May 1 - August 31, per policy year)						
<p>I wish to be in the following plan (Please indicate - Select one only)</p> <table style="width: 100%;"> <tr><td><input type="checkbox"/> Balanced Plan</td></tr> <tr><td><input type="checkbox"/> Enhanced Drug Plan</td></tr> <tr><td><input type="checkbox"/> Dental Focused Plan</td></tr> <tr><td><input type="checkbox"/> Vision Focused Plan</td></tr> </table>		<input type="checkbox"/> Balanced Plan	<input type="checkbox"/> Enhanced Drug Plan	<input type="checkbox"/> Dental Focused Plan	<input type="checkbox"/> Vision Focused Plan		
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My signature at the bottom of the page confirms that I wish to apply for the Health and/or Dental Plan and agree to be bound by the benefit plan terms.

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SIGNATURE OF STUDENT