Algonquin Students' Association
Opt In/Dependent Application Form 2026-2027

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 ☐ M ☐ F ☐ NON-BINARY	PHONE NUMBER	DATE
HOME MAILING ADDRESS		CITY	POSTAL CODE

CAMPUS	NAME OF PROGRAM
☐ WOODROFFE ☐ PEMBROKE ☐ ONLINE	

DEPENDENT OPT-IN • PLEASE ENROLL THE FOLLOWING MEMBERS OF MY FAMILY:

OPT IN DEADLINE: October 1, 2026 for students assessed the Health Plan Fees in Fall 2026
February 2, 2027 for students assessed the Health Plan Fees in Winter 2027 (New Registrants)

- To be eligible, all dependants must have current OHIP or equivalent coverage.

SURNAME	FIRST NAME	DATE OF BIRTH Y: M: D:	RELATIONSHIP TO STUDENT
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I wish to apply for: (Please indicate - Select one only) ***Fees include a non-refundable $5.00 Administrative Cost.**

☐	$530.79 Health & Dental Benefits	(8% tax included)	(September Rate: September 1 - August 31, each policy year)	(one dependent)
☐	$355.52 Health & Dental Benefits	(8% tax included)	(January Rate: January 1 - August 31, per policy year)	(one dependent)
☐	$750.85 Health & Dental Benefits	(8% tax included)	(September Rate: September 1 - August 31, each policy year)	(two or more dependents)
☐	$502.23 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 × 7711, x 7738

INDIVIDUAL STUDENT OPT IN • PLEASE ENROLL ME IN THE FOLLOWING:

*** To be eligible, you must have current OHIP or equivalent coverage.)** ***Fees include a non-refundable $5.00 Administrative Cost.**

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

☐	$266.14 Health & Dental Insurance Benefits	(8% tax included)	(September Rate: September 1 - August 31, each policy year)
☐	$179.10 Health & Dental Insurance Benefits	(8% tax included)	(January Rate: January 1 - August 31, per policy year)
☐	$36.15 Health Insurance Benefits	(8% tax included)	(May Rate: May 1 - August 31, per policy year)

I wish to be in the following plan (Please indicate - Select one only)

- ☐ Balanced Plan
- ☐ Enhanced Drug Plan
- ☐ Dental Focused Plan
- ☐ Vision Focused Plan

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

SIGNATURE OF STUDENT