samru
students' association
of mount royal university

Student Benefits Personal Information Form

This Personal Information Form is to be used by students who are automatically enrolled in the Students' Association of Mount Royal University Extended Health and Dental Plans, and wish to activate the coverage for such plans. Please complete this form and submit it to the Student Benefits Plan Office. This form should be submitted as soon as possible. **DO NOT WAIT UNTIL YOU NEED TO ACCESS THE COVERAGE TO SUBMIT THIS FORM**, or your claim will be delayed.

This form is required for you to provide the personal information necessary to activate insurance coverage. You must complete and sign this form to authorize the use of your information for the purpose of providing coverage under the plans. The assessment of the fees establishes your coverage, but activation cannot occur until the eligible student has completed and submitted this form. **ILLEGIBLE FORMS CANNOT BE PROCESSED.**

If you have comparable coverage provided to you, you can complete this form to activate your coverage under the Student Health Plan, Student Dental Plan, or both, and then coordinate benefits between these plans and any existing plan(s). Otherwise, your comparable coverage (provincial health care is not comparable coverage as it does not cover these extended benefits) could be used to waive one or both of the Student Plan(s). To do so, you must submit a Student Benefits Waiver Form and appropriate proof of coverage prior to the appropriate deadline.

PLEASE NOTE: For your convenience, after this form has been submitted the information is on file each subsequent consecutive school year that you are assessed the plan fees. If there is a semester where you are not eligible, then you will have to resubmit this form during the next semester of eligibility.

Your completed Personal Information Form can be submitted in person, by fax, or by mail to: SAMRU Student Benefits Plan Office; Room Z001 Wyckham House, 4825 Mount Royal Gate SW, Calgary, Alberta, T3E 6K6, Phone: (403) 440-6267, Fax: (403) 440-8980.

STUDENT INFORMATION

Last Name _____ First Name _____ Initial ____ Gender ____ Date of Birth (DD/MMM/YYYY) D D M M M Y Y Y Y

Mailing Address _____ City/Province _____ Postal Code _____

Student ID Number _____ Campus of Study _____ Email Address _____

AUTHORIZATION

I understand the information provided above is required in order to activate my health and/or dental coverage. I hereby authorize and consent to the use, release, and exchange of the above information between the Institution, the Student Association, the Student Service Co-ordinator, Gallivan & Associates, BCE Emergis Assure Health Division, and the insurance carrier(s) to be used solely in connection with the Student Benefits Plan. I confirm that all the information provided herein is accurate. I also understand that the Student Service Coordinator may need to notify the Institution to find out whether or not I have paid for the plan.

X _____ ( ) - Phone D D M M M Y Y Y Y

Student Signature Date (DD/MMM/YYYY)

OFFICE USE ONLY

Member ID _____ Processing Date (DD/MMM/YYYY) D D M M M Y Y Y Y Processed By _____

GALLIVAN & ASSOCIATES STUDENT NETWORKS

The Integrated Care Solution