



Health & Dental Plan Enrolment / Changes

Memorial University of Newfoundland Students' Union

UC 2000 | Memorial University of Newfoundland | St. John's, NL | A1C 5S7

Tel: (709) 864.7633 | Fax: (709) 864.4743

Transaction Type:

- Add Member
- Terminate Member
- Add Dependent
- Detail Change
- Other: _____

Student Status:

- Full-Time
 - Part-Time
 - Work-Term
 - International
 - ESL
- Have you previously opted out of the MUNSU Health & Dental plans? Yes No

Member Information

Name: _____

Student Number: _____ Date of Birth(YYYYMMDD): _____

Gender: Female Male Language: English French

Telephone: _____ E-mail: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Coverage Information: *Check all that apply*

	Single Coverage	Family Coverage	Cost
Health			
Dental			
	Total		

Dependent Information:

Dep.	Surname	Legal First Name	Birthdate								Gender
			Y	Y	Y	Y	M	M	D	D	
Spouse											
1 st Child											
2 nd Child											
3 rd Child											
4 th Child											

By signing this enrollment form or by providing my personal information to MUNSU, I agree the information is complete and accurate to the best of my knowledge. I am authorized to release information concerning my spouse and my dependents, for the purpose of determining eligibility for benefits. I certify that I am authorized by my spouse and/or dependents to disclose and receive information about them that is used for these purposes. For further information on privacy policies and procedures, please refer to your benefit plan booklet website at www.greenshield.ca/studentcentre

Signature of applicant: _____ Date: _____

For Office Use

Receipt Number: _____

Payment Method: _____

Division: _____

	Initials	Date
Keyed in Banner		
Enrolled in GSC		
Confirmed		

Comments:
