



SENIOR ENROLMENT FORM for 2020-2021 EXTENDED HEALTH & DENTAL BENEFITS

Association of Part-Time Undergraduate Students
of the University of Toronto

The Association of Part-Time Undergraduate Students benefit plans provide coverage for medical expenses not covered by your provincial plan (i.e. OHIP or equivalent), such as prescription drugs and dental treatments. If you are a registered part-time undergraduate student at the University of Toronto and **between the ages of 65 to 80, you are exempted from the APUS Health & Dental Plan.**

The APUS Health & Dental Plan is primarily for prescription drug reimbursement and includes limited accident coverage. Since OHIP pays for almost all prescription drugs for seniors and many seniors have other forms of insurance, the APUS Health & Dental Plan **may not be of use to you.** Please note that if you opt-in to the APUS Health & Dental Plan, eye exam coverage is excluded for senior students as this is already covered by the OHIP.

In order to receive coverage offered by APUS, please complete the sections below and return this form and the appropriate fee to the APUS offices.

Students starting in September 2020 must return completed forms between September 1-30, 2020. **Students starting in January 2021** must return completed forms between January 1-31, 2021.

For more information, please visit our website at www.apus.ca/health or contact the Member Services Coordinator at: services@apus.ca.

Please return completed form and cheque via MAIL to the APUS North Borden Office or email services@apus.ca to make an appointment

- Suite 236, North Borden Building, 563 Spadina Crescent, Toronto, Ontario M5S 2J7

Student Information: Please print all information clearly and ensure that your information is correct.

			Gender <small>(male, female, undisclosed)</small> <input type="radio"/> <input type="radio"/> <input type="radio"/> M F U	
_____	_____	_____		_____
Last Name	First Name	Initial		Date of Birth [MM/DD/YY]
_____			_____	_____
Mailing Address			City & Province	Postal Code
_____				_____
Program Name and Faculty				Your Green Shield ID: APU + Your Student Number -00
_____	_____			
Telephone	Email			

PAYMENT OPTIONS: CHEQUE OR MONEY ORDER



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Cheques should be made out to: **Association of Part-time Undergraduate Students**

* These fees are in addition to the individual fees paid with tuition.

PLAN FEES: *Please note the change in coverage period

Please pay half of the Senior opt-in fee if you are only enrolled for classes for one term. Your coverage will extend for the following period(s) depending on the term(s) registered:

- Registered for Fall Term – September 1, 2020 to December 31, 2021
- Registered for Winter Term – January 1, 2020 to August 31, 2021
- Registered for Fall and Winter Terms – September 1, 2020 to August 31, 2021

Note: Students may only opt in for academic terms in which they are registered at the University.

Please check off **one** of the following three options:

I would like to opt into the following APUS Fees for 2020-2021:

- APUS Mandatory Fee + Health Coverage ONLY (**\$139.62 for full-year or \$69.81 for half-year**)
- APUS Mandatory Fee + Dental Coverage ONLY (**\$163.52 for full-year or \$81.76 for half-year**)
- APUS Mandatory Fee + BOTH Health & Dental Coverage (**\$284.10 for full-year or \$142.00 for half-year**)

Please check off **one** of the following three options:

I am a part-time undergraduate student registered at the following campus:

- St. George
- UTM
- Scarborough

Please check off **one** of the following three options:

I am currently enrolled in courses during the following terms:

- Fall 2020 term
- Winter 2021 term
- Both terms

BY COMPLETING THIS SENIOR APPLICATION FORM YOU AGREE TO THE FOLLOWING:

I confirm that the information provided above is accurate. I authorize the use of this information where it is required, and I am aware that this information will not be used in any manner except to administer the plans in accordance with APUS policy.

X _____

Student Signature

Date: _____

FOR APUS OFFICE USE ONLY

Cheque Number & Name: _____

Cheque amount: _____

Date: _____

Staff
Initial

Please photocopy cheque and attach to this form.