

# FAQ: OPT OUT FORM

**\*ONLY STUDENTS (NOT PARENTS) CAN FILL OUT THIS OPT OUT WAIVER FORM.**

## Opt-Out

**Attention September 2016 intake students:**

If you miss the September 30th opt-out deadline, you CANNOT opt-out in January.

### Already have coverage?

**Coordinating multiple plans:** If you are an eligible student and have comparable coverage you may wish to coordinate your plans. Benefits under the two plans can be coordinated to increase your coverage up to 100% of the actual expense(s) incurred. For example, following payment under this plan you can submit outstanding balances to the other plan for consideration. Find out more about [coordination of benefits](#).

**Opting Out of coverage:** If you are an eligible student and have comparable health and/or dental coverage you may apply to opt-out of the plan(s). Each student is given one opportunity to opt-out of the health and/or dental plan(s) each year. All opt-out forms must be completed online or through the NAITSA Service Hub and must be received by the applicable deadline. You will not be able to opt-out of coverage at any other point during the school year. **NO EXCEPTIONS** will be made if the deadline is missed. It is the student's responsibility to pay the plan fees, should they miss the applicable opt-out deadline.

Approval of your opt-out will result in the plan fee being credited. Once your opt-out has been accepted, it will remain in force as long as you remain an eligible student.

If you are unsure about whether or not you are eligible for the Student Health & Dental plan, please contact the [NAITSA Service Hub](#) prior to any applicable deadlines.

Please read and agree to the [Terms & Conditions](#) prior to submitting your online opt-out.

### Student Information

Student ID Number	<input type="text"/>
Email Address	<input type="text"/>
Confirm Email Address	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>
Mailing Address	<input type="text"/>
City	<input type="text"/>
Province	Alberta <input type="text"/>
Postal Code	<input type="text"/>
Phone Number	555 <input type="text"/> 555 <input type="text"/> 5555 <input type="text"/>
Campus	Not Applicable <input type="text"/>
Program Name	<input type="text"/>
Program Start Date	MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>

**REMINDER: THERE ARE 2 SEPARATE PORTIONS OF THE PLAN. PLEASE FILL OUT BOTH SECTIONS.**

### Health Plan: Do you wish to Opt-Out of this portion of the Student Benefit Plan?

Yes  No

### Required Information About the Extended Health Insurance You Have Now

Insurance Company	<input type="text" value="AB HEALTHCARE IS NOT COMPARABLE COVERAGE"/>
Policy Number	<input type="text" value="CAN BE PLAN NUMBER"/>
Your Relationship to the Plan Member of the Extended Health Insurance you have now:	<input type="radio"/> Parent <input type="radio"/> Spouse <input type="radio"/> Self

### Dental Plan: Do you wish to Opt-Out of this portion of the Student Benefit Plan?

Yes  No

Once your Opt-Out Form is processed, as long as you remain an eligible student, you will be automatically opted-out each consecutive school year.

Should you have any questions regarding the opt-out process please contact the [NAITSA Service Hub](#) prior to submitting this form.

I Agree to the [Terms & Conditions](#)

Submit

CREDIT STUDENTS ARE AUTOMATICALLY ENROLLED.

YOU DO NOT NEED TO FILL THIS FORM OUT TO RECEIVE COVERAGE.

CHECK YOUR PORTAL!

ONE TIME OPT OUT

IMPORTANT

FIRST DAY OF CLASS THIS FALL TERM

SELECT "YES" & FILL IN THE INFO TO OPT OUT. SELECT "NO" TO REMAIN ON THAT PORTION OF THE PLAN.

EX: AB BLUE CROSS

EX: 12345

WHOSE PLAN ARE YOU COVERED UNDER?

YOU MAY BE SELECTED FOR RANDOM AUDIT



naitsstudents



naitsa



yourNAITSA



naitsa.ca



naitsstudents



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NAITSA SERVICE HUB