



# Opt-In Form

Date: 

Last name: <input type="text"/>	Student ID: <input type="text"/>	Dept.: <input type="text"/>	Green Shield ID <input type="text"/>
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First name: <input type="text"/>	Select coverage period depending on semester of first enrollment: <input type="text"/>
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Address: <input type="text"/>	<input type="radio"/> Cheque    Cheque No. <input type="text"/> <input type="radio"/> Cash
City: <input type="text"/>	
Province: <input type="text"/>	<b>Verified by (To be filled by GSS office):</b> <input type="text"/>
Postal code: <input type="text"/>	
Email: <input type="text"/>	

D.O.B. <input type="text"/>	<b>Information:</b> Please keep this form. This is your official receipt for income tax purposes (You may claim the premium you paid for your family)
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Sex: <input type="radio"/> Male <input type="radio"/> Female
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Status (select one): <input type="radio"/> Single <input type="radio"/> Couple <input type="radio"/> Family
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**Family members/dependents**  
(Attach a separate sheet if more space is needed)

Last Name	First Name	Gender	DOB (yy/mm/dd) format

I have read and understood the policy on GSS insurance benefit policy

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Signature

GSS Office use only:

Penalty fee: <input type="text"/>	Initials: <input type="text"/>	Date: <input type="text"/>
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