Request to register
AGECAR Health Insurance Plan
International Students

The international student request for health insurance plan must be done by filling this form and be submitted with your payment at the latest:

For the fall session: October 11th * For the winter session: le February 14th**

For payment **by bank transfer**, send the form by email at the following email address: student@majorplan.ca

For payment **by cheque**, mail to the following address: **Major Plan**, 763, St-Joseph Boulevard, Gatineau, Quebec, J8Y 4B7

Please write IN PRINT SCRIPT

PART 1 – UQTR'S SUBSCRIBER INFORMATION

AGECAR's permanent code: |_|_|_|_|_|_|_|_|_|_|_|_|_|

Last Name: _____ First Name: _____

Address: _____

City : _____ Province : _____ Postal Code : _____

Email : _____ @ _____

PART 2 – REASONS FOR REGISTRATING TO THE ANNUAL HEALTH COVERAGE

❑ I am an international student and I wish to benefit from the supplementary health coverage at the additional cost of $87

Signature : _____ Date : _____

RESERVE TO MAJOR PLAN
❑ The subscriber provided a proof of loss coverage..