MAJOR

Reinstatement
Student Group Insurance Plan

Please provide all required documentation supporting this status change.
(Contact Major Plan client servicing for complementary information.)

For **electronic fund transfers**, send form by email at student@majorplan.ca.
(We are affiliated with National Bank, BMO, CIBC, TD and Desjardins.)

For payment **by check**, mail form and check to : **Plan Major**, 763, boulevard St-Joseph, Gatineau, Québec, J8Y 4B7

Please write clearly in PRINTED SCRIPT

PART 1 – STUDENT MEMBER INFORMATION

Permanent Code : |_|_|_|_|_|_|_|_|_|_|_|_|

Student Association (consult your tuition fee statement) : _____

Last name : _____ First name : _____

Address : _____ City : _____

Province : _____ Postal Code : _____ Birth date : _____

Email: _____ @ _____ Tel : _____

PART 2 – REASON FOR REINSTATEMENT

Reason for reinstatement : _____
_____

❑ I agree to pay the fees and contributions** related to my reinstatement.
❑ I know the conditions for maintaining my membership to the plan. In case of doubt, I contacted Major Plan.

Signature : _____ Date : _____

RESERVED FOR MAJOR PLAN

❑ The member provided a proof of coverage loss.

* Please note that upon reception of your payment, Major Plan reserves the right to hold back an administrative fee should a refund be requested during the amendment period.

** Plan enrolment fees can include, if applicable, premiums, administration fees, commissions, financial reserves and taxes relative to the plan.