



✉ student@majorplan.ca
☎ 1 877 976 2567
🌐 majorplan.ca

This form is for students who have permanently opted out of the complementary health and dental plan and who wish to reinstate the plan during the modification period at the beginning of the semester. If you need more information, please do not hesitate to contact us. We will be happy to answer your questions.

Important

Be sure to include all the supporting documents needed to evaluate your file (proof of loss of coverage, account statement and other documents). If the supporting documentation is not received by the end of the modification period, your reinstatement request may be denied. Also, be sure to contact Major Plan to find out the cost of the reinstatement fee that applies to your situation.

2 payment options available (The contribution must be paid in one (1) payment)

01 By bank transfer

Send the form by e-mail to the following address:

student@majorplan.ca

Add Major Plan to your list of suppliers and use your permanent code as a reference number.

We are affiliated with National Bank, BMO, CIBC, TD, RBC et Desjardins

02 By cheque

Mail the form and cheque to the following address:

**Plan Major
CP 70025 SUCCURSALE QUÉBEC-CENTRE
Québec, QC, G2J 0A1**

If you use mail, it is your responsibility to anticipate potential delays.

Personal information (Please write clearly in printed script)

LAST NAME		FIRST NAME	
EDUCATIONAL INSTITUTION		PERMANENT CODE	
ADDRESS		CITY	
PROVINCE	POSTAL CODE	DATE OF BIRTH	
		YYYY /	MM / DD
PHONE NUMBER	EMAIL ADDRESS		

Reason for the reinstatement request

Authorization and declaration

- I have attached the necessary documents for the evaluation of this case (proof of loss of coverage, account statement or other documents).
- I understand that, in the event I cancel the addition of dependent coverage after submitting my payment, Major Plan may deduct \$40 from my refund as an administration fee.
- I understand that payment of the contribution must be received no later than 12 business days after my form is submitted to Major Plan. If applicable, it is my responsibility to anticipate postal and banking delays. I understand that failure to forward my payment within these time frames will result in my application being cancelled without review.
- I am aware of the conditions for maintaining my membership in the plan and understand that if I lose my student status in the winter semester, I will automatically lose my coverage with no possibility of a refund.
- I am aware of the terms and conditions as well as the cost of the fee associated with this application and I agree to pay the fee. If in doubt, I have contacted Major Plan.

Signature

SIGNATURE

DATE

Please note that it is your responsibility to ensure that you receive confirmation of receipt of your application and payment from Plan Major. Contributions include, if applicable, premiums, administration fees, commissions, financial reserves and taxes that may be associated with the plan.