



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

This form allows international students to enroll in the Plan Major supplemental health coverage. The addition of this coverage is done during the modification period. In the winter session, the addition of health coverage is only available to newly enrolled students. If the member loses his or her student status, the coverage will be cancelled without refund.

Important

Be sure to include all supporting documents necessary to evaluate your file (statement of account and other documents). If the supporting documentation is not received by the end of the amendment period, your request may be denied. Also, be sure to contact Plan Major to find out the cost of the contribution that applies to your situation. Please note that acceptance of your application for coverage is not automatic, Plan Major evaluates each request individually.

COST OF CONTRIBUTION

ANNUAL CONTRIBUTION TO YOUR ASSOCIATION'S PLAN
(health, accident and travel)

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	
<input type="text"/>		<input type="text"/>	
EDUCATIONAL INSTITUTION		PERMANENT CODE	
<input type="text"/>		<input type="text"/>	
ADDRESS		CITY	
<input type="text"/>		<input type="text"/>	
PROVINCE	POSTAL CODE	DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text" value="YYYY"/> / <input type="text" value="MM"/> / <input type="text" value="DD"/>	
PHONE NUMBER	EMAIL ADDRESS		
<input type="text"/>	<input type="text"/>		

Authorization and declaration

- I am an international student and I would like to obtain complementary health coverage.
- I have attached the necessary documents for the evaluation of the file (statement of account or other documents).
- I understand that in the event that I cancel this application after submitting my payment, Plan Major may deduct \$25 from my refund as an administration fee.
- I understand that payment of the fee must be received no later than 12 business days after my form is submitted to Plan Major. 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 session, I will automatically lose my coverage with no possibility of refund.
- I am aware of the cost of the contribution related to this application and agree to pay the associated fees. In case of doubt, I have contacted Plan Major.

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.