



@ student@majorplan.ca
☎ 1 877-976-2567
🌐 planmajor.ca/en

This form enables members of the international community to join Plan Major's complementary health coverage. This coverage is added during the modification period. During the winter session, the addition of health coverage is only available to newly enrolled members. If a member loses his or her student status, coverage will be cancelled without refund.

Important

Be sure to include all supporting documents required to assess your file (account statement or other documents). If the supporting documents are not received before the end of the modification period, your reinstatement request may be denied. Don't forget to contact Major Plan to find out the reinstatement fee that applies to your situation.

ANNUAL FEES

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

Procedure

1. Complete and sign the form.
2. Send the form to student@majorplan.ca.
3. Our team will then analyze your application and contact you within 5 working days. Please wait for confirmation from a member of our team as to the amount of the membership fee to be paid, and the payment terms and conditions.
4. Once payment has been made, an e-mail confirmation will be sent to you within 7 working days, confirming that your application has been registered. **Keep this e-mail.**

Personal information (Please print clearly)

NAME		FIRST NAME
<input type="text"/>		<input type="text"/>
EDUCATIONAL INSTITUTION		CERTIFICATE NUMBER*
<input type="text"/>		<input type="text"/>
ADDRESS		CITY
<input type="text"/>		<input type="text"/>
PROVINCE	POSTAL CODE	DATE OF BIRTH (YYYY/MM/DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	

*Your certificate number corresponds to your student number or your permanent code. Check your student association's page on planmajor.ca to find out what applies to you.

Autorisation et déclaration

I am a member of the international student community and would like to add the complementary health section to my coverage.

I have enclosed the documents required to assess the file (statement of account or other documents).

I understand that in the event I cancel this application after submitting my payment, Major Plan may deduct \$40 from my refund as an administration fee.

I understand that payment of the membership fee must be received no later than 10 days following confirmation by the Major Plan team of the amount of the membership fee to be paid and before the end date of the modification period. I understand that failure to send my payment within these deadlines will result in the cancellation of my application without any possibility of review.

I understand that if I lose my student status during the winter session, I automatically lose my coverage with no possibility of reimbursement.

I am aware of the costs associated with this application and agree to pay the associated fees. In case of doubt, I have contacted Major Plan.

Signature

SIGNATURE

DATE (YYYY/MM/DD)

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