



@ student@majorplan.ca

☎ 1 877-976-2567

🌐 planmajor.ca/en

This form is for students who have permanently withdrawn from the Extended Health and Dental Plan and wish to rejoin the plan during the modification period at the beginning of the semester. Please contact our team to find out the amount of the contribution to be paid and for any other information.

Important

Be sure to include all supporting documents required to assess your file (proof of loss of coverage, statement of account and 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.

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

EDUCATIONAL INSTITUTION

CERTIFICATE NUMBER*

ADDRESS

CITY

PROVINCE

POSTAL CODE

DATE OF BIRTH (YYYY/MM/DD)

PHONE NUMBER

EMAIL ADDRESS

**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.*

Reason for reinstatement request

Authorization and declaration

I understand that it is my responsibility to validate that I will still be covered by the plan next semester if I am still a student and a member of the association.

I have enclosed the documents required to assess the case (proof of loss of coverage, 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 contribution costs associated with special reinstatement and agree to pay the related 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.