



HEALTH INSURANCE SOLUTIONS FOR
INTERNATIONAL STUDENTS

2022-2024 ENROLMENT FORM

International students group health plan
Policy n° 50659

INFORMATION

Student family name		Student first name	
Date of birth (dd/mm/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number	
Mailing address (number, street, city)			Postal code
E-mail address		Country of origin	
Date of arrival in Canada (dd/mm/yyyy)			
School name		Date of enrollment (dd/mm/yyyy)	
Are you presently insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of insurer	
Effective date of the last policy (dd/mm/yyyy)		Termination date of the last policy (dd/mm/yyyy)	

COVERAGE PERIOD AND COST

Period starting _____ and ending _____
dd/mm/yyyy dd/mm/yyyy

Individual coverage \$ _____ Please see [2022-2024 PREMIUM TABLE](#)

Your certificate, a brochure describing the benefits, claim forms as well as a letter confirming your coverage will be sent to you within 10 days of receiving all your documents.
 * For other coverage periods, please refer to the premium table available on our website www.vigilis.ca/shn.

Insured by



PAYMENT

Cheque
(Please make your cheque payable to the Student Health Network)

Credit card Visa
 Mastercard

Card no _____

Expiry date _____

Signature _____

Date _____

DECLARATION AND SIGNATURE

DECLARATION: I recognize that, in order to be eligible for this protection, I must remain a student or enrolled in a post-doctorate research program in the school above. I also recognize that I must pay my premium in advance and that I must remain insured at all times. If my cheque is not honored by my bank, regardless of the reason, I understand that a \$35 administration fee will be added to the premium due.

Student: _____

Date: _____

**To become insured, complete this form and return it by mail with your payment, to the address mentioned below.
 For more information, visit www.vigilis.ca/shn.**

The student health network

<p>Health insurance solutions for international students</p>	<p>A VIGILIS GROUP COMPANY </p> <p>3285, Saint-Martin Blvd. E, Suite 200 Laval QC H7E 4T6</p>	<p> 450 781-0445 1 877 781-0445 450 682-8299 1 888 682-8299</p>	<p>info@vigilis.ca</p>
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