

**CSI EMPLOYEE BENEFIT PLANS – CANADA
INTERNATIONAL STUDENT INSURANCE ENROLMENT FORM**

SCHOOL NAME _____

PROVINCE _____

STUDENT #1 NAME/SEX _____

ADDRESS _____

START DATE (DD/MM/YYYY) _____ END DATE (DD/MM/YYYY) _____

DOB (DD/MM/YYYY) _____

DEPENDENT # 1 NAME/SEX _____

DEPENDENT DOB (DD/MM/YYYY) _____

DEPENDENT # 2 NAME/SEX _____

DEPENDENT DOB (DD/MM/YYYY) _____

DEPENDENT # 3 NAME/SEX _____

DEPENDENT DOB (DD/MM/YYYY) _____

* * * * *

STUDENT #2 NAME/SEX _____

ADDRESS _____

START DATE (DD/MM/YYYY) _____ END DATE (DD/MM/YYYY) _____

DOB (DD/MM/YYYY) _____

DEPENDENT #1 NAME/SEX _____

DEPENDENT DOB (DD/MM/YYYY) _____

DEPENDENT #2 NAME/SEX _____

(MORE)

DEPENDENT DOB (DD/MM/YYYY) _____

DEPENDENT #3 NAME/SEX _____

DEPENDENT DOB (DD/MM/YYYY) _____

* * * * *

STUDENT #3 NAME/SEX _____

ADDRESS _____

START DATE (DD/MM/YYYY) _____ END DATE (DD/MM/YYYY) _____

DOB (DD/MM/YYYY) _____

DEPENDENT #1 NAME/SEX _____

DEPENDENT DOB (DD/MM/YYYY) _____

DEPENDENT #2 NAME/SEX _____

DEPENDENT DOB (DD/MM/YYYY) _____

DEPENDENT #3 NAME/SEX _____

DEPENDENT DOB (DD/MM/YYYY) _____

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MONTHLY RATES

ONTARIO:

Student Only	\$55.00
Student & Spouse	\$110.00
Student w/Dep.	\$164.00

ALL OTHER PROVINCES:

Student Only	\$51.00
Student & Spouse	\$101.00
Student w/Dep.	\$152.00