

### Personal Information

Queen's Student     Post-Doc Fellow     Articling Student     RMC Student

Student/Staff Number: \_\_\_\_\_ RMC Students: If your id starts with a letter, replace E with 010, G with 020, S with 03

First Name: \_\_\_\_\_  Male     Female

Last Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: Month: \_\_\_ Day: \_\_\_ Year: \_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Couple/Family Information

**01** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Male  Female    Date of Birth: Month: \_\_\_ Day: \_\_\_ Year: \_\_\_     Spouse  Child

**02** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Male  Female    Date of Birth: Month: \_\_\_ Day: \_\_\_ Year: \_\_\_     Spouse  Child

**03** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Male  Female    Date of Birth: Month: \_\_\_ Day: \_\_\_ Year: \_\_\_     Spouse  Child

**04** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Male  Female    Date of Birth: Month: \_\_\_ Day: \_\_\_ Year: \_\_\_     Spouse  Child

### Price Information

Single Health - \$175.00     Couple Health - \$130.00     Family Health - \$190.00  
 Single Dental - \$130.00     Couple Dental - \$130.00     Family Dental - \$220.00  
 Post-Doc, Articling, RMC, Part-Time or Off-Campus Students - \$20 Admin Fee

Grand Total: \$ \_\_\_\_\_

#### SGPS Office Use Only

Approved By: \_\_\_\_\_ Date Active: \_\_\_\_\_

Cash/Cheque/Account: \_\_\_\_\_ Date of Payment: \_\_\_\_\_