

Personal Information

SGPS Member Post-Doc Former SGPS Member RMC Student

Student/Staff Number: _____ RMC Students: If your id starts with a letter, replace E with 0010, G with 0020, S with 003

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

02 First Name: _____ Last Name: _____
 Male Female Date of Birth: Month: _____ Day: _____ Year: _____ Child

03 First Name: _____ Last Name: _____
 Male Female Date of Birth: Month: _____ Day: _____ Year: _____ Child

04 First Name: _____ Last Name: _____
 Male Female Date of Birth: Month: _____ Day: _____ Year: _____ Child

Price Information

Single Health - \$200.00 Couple Health - \$150.00 Family Health - \$225.00
 Single Dental - \$200.00 Couple Dental - \$190.00 Family Dental - \$300.00
 Post-Doc, Former SGPS Member, RMC Student - \$20 Admin Fee

Grand Total: \$ _____

SGPS Office Use Only

Approved By: _____ Date Active: _____

Cash/Cheque/Account: _____ Date of Payment: _____