

### Personal Information

SGPS Member       Post-Doc       Former SGPS Member       RMC Student

Student/Staff Number: 01234567      RMC Students: If your id starts with a letter, replace E with 0010, G with 0020, S with 003

First Name: John       Male       Female

Last Name: Doe      E-Mail: john.doe@queensu.ca

Date of Birth: Month: 06 Day: 06 Year: 1976 Phone: ( 613 ) 123 - 1234

### Couple/Family Information

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

**02** First Name: Jennifer Last Name: Doe  
 Male  Female      Date of Birth: Month: 09 Day: 09 Year: 1999       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 - \$260.00       Couple Health - \$190.00       Family Health - \$275.00  
 Single Dental - \$200.00       Couple Dental - \$190.00       Family Dental - \$300.00  
 Post-Doc, Former SGPS Member, RMC Student - \$20 Admin Fee

Grand Total: \$ 380

#### SGPS Office Use Only

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

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