

INTERNATIONAL STUDENT HEALTH INSURANCE EARLY REGISTRATION REQUEST FORM



MANITOBA INSTITUTE OF
TRADES & TECHNOLOGY

Submit form in person or by email:

In person: 7 Fultz, Winnipeg, MB, R3Y 1G4

By email: international.health@mitt.ca

Submit a copy of one of the these documents as proof of your dependent(s):

Study permit listing your dependent(s)

Dependent's visa

Birth Certificate(s)

First name:

Last name:

Student number:

Program:

Start date:

Month/Day/Year

My child/children will be attending public school in 2018/2019.

I request to receive my guard.me@manitoba insurance card early.

I confirm I do not have Manitoba Health coverage for the duration of my study program.

I understand that I cannot opt out of guard.me@manitoba.

Signature:

Date:

Month/Day/Year

Requests typically take up to 5 business days to process.