

# INTERNATIONAL STUDENT HEALTH INSURANCE OPT OUT 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

Office use only:

MB Health card  MB Health letter  End date \_\_\_\_\_

## SUBMIT FORM TO 7 FULTZ

I have a valid Manitoba health coverage for the duration of my program. \_\_\_\_\_ / \_\_\_\_\_

MB Health coverage  
Start date (M-D-Y) - End date (M-D-Y)

### With this form, you are required to submit:

A copy of your Manitoba Health card

A copy of a letter from Manitoba Health confirming the end date of your coverage

I confirm that I have not used the guard.me@manitoba insurance plan and I will not use the guard.me@manitoba insurance plan.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Please print/type your personal information below:

Legal name: \_\_\_\_\_  
Last/Family name First/Given name Middle name

Date of birth: \_\_\_\_\_ Student number: \_\_\_\_\_  
Month/Day/Year

Mailing address: \_\_\_\_\_  
Street address  
\_\_\_\_\_  
City Province Postal code

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(Please ensure this is your direct mail)

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## PROGRAM OF ENROLMENT:

Program:

Start date:

**Important notes:** Health Insurance is mandatory. Students must prove they have health coverage for the entire duration of their studies at MITT.

Requests not to participate in the guard.me@manitoba plan must be made within 14 calendar days of the start date for ELL programs and within 30 calendar days of the start date for post-secondary programs. Students attending two year programs must make this request each year.

MITT is not liable in situations where a student does not have health coverage because they have requested not to participate in this plan by using a Manitoba Health card that is or has expired.

**Once you opt out of this plan, there is no option to re-enrol.**

