



This form is to be completed when a student begins their program from their home country and is requesting delayed enrolment into the health insurance plan. Email completed form to: international.health@mitt.ca

SECTION A: Student Information

Legal name: _____
Last/Family name First/Given name Middle name

Date of Birth: _____ Student Number: _____
(mm.dd.yyyy)

Program: _____ Intake: _____

Email address: _____ (ensure this is your personal email address as it appears in the Student Portal)

SECTION B: Student Status and Travel Plans

Health insurance is mandatory for international students in Canada. Students must provide proof of their arrival in Canada within 10 days

Select one statement that best describes your situation:

- I am not in Canada, and will not be travelling to Canada at any time during my program at MITT.
- I am not in Canada, but may travel to Canada during my program at MITT. I do not have a travel date planned.
- I am not in Canada, but I will travel to Canada. My travel date is _____
(Month/Day/Year)

Read and acknowledge each of the following:

- I agree to notify international.health@mitt.ca of my travel plans/arrival before I arrive and submit proof of travel.
- I understand if I do not notify MITT of arrival in Canada within 10 days of my arrival, I will not be eligible for the student health insurance plan offered through MITT.
- I understand MITT is not legally responsible if I do not have health insurance coverage because I failed to advise MITT of my arrival in Canada, and/or because I have requested not to participate in the health insurance plan offered.

SECTION C: Acknowledgement and signature

I have read and understand the information on this form.

Signature

Date (mm.dd.yyyy)