

INTERNATIONAL STUDENT HEALTH INSURANCE OPT OUT FORM — STUDY ABROAD



MANITOBA INSTITUTE OF
TRADES & TECHNOLOGY

Submit form by email:
international.health@mitt.ca

Office use only:

Opt Out Unknown Travel date _____

PROGRAM OF ENROLMENT:

Start Date

End Date

PLEASE SELECT ONE OF THE FOLLOWING:

I am not in Canada and I will not be travelling to Canada at any time during my program.

I am not in Canada, but may travel to Canada in 2021. I do not have a travel date yet.

I am not in Canada, but I will travel to Canada in 2021. My expected travel date is _____.
(Month/Day/Year)

PLEASE CONFIRM THE FOLLOWING:

I agree to notify international.health@mitt.ca of my travel plans/arrival before I arrive and submit proof of travel.

I confirm that if I do not notify MITT of my arrival within 10 days of arrival, I will not be eligible for health insurance.

I confirm MITT is not liable if I do not have health coverage because I have requested not to participate in this plan and have not advised MITT of my arrival in Canada.

Signature (digital signatures are not accepted)

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:
(overseas)

Street address

City

Province

Postal code

Email:

(Please ensure this is your direct personal mail as it appears in your Student Portal)

Important notes: Health Insurance is mandatory for international students studying in Canada.

Students must provide proof of arrival within 10 calendar days of arrival in Canada.

Requests not to participate in the guard.me Manitoba plan must be made within 5 calendar days of receipt of this form.