

INTERNATIONAL STUDENT HEALTH INSURANCE OPT OUT 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

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 (*this letter can be submitted at a later date*)

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:

Month/Day/Year

Student number:

Mailing address:

Street address

City

Province

Postal code

Phone:

Email:

(Please ensure this is your direct mail)

INTERNATIONAL STUDENT HEALTH INSURANCE OPT OUT FORM

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 the day before the start date for ELI 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-enroll.

