



This form is to be completed when a student has health insurance coverage through Manitoba Health and is requesting opt out of the health insurance plan offered through MITT. 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: _____ Phone: _____

Mailing address: _____
Street address

City Province Postal code

SECTION B: Health Insurance Plan Confirmation

I have valid Manitoba Health coverage for the duration of my program
Start date (mm.yyyy): _____ End date (mm.yyyy): _____

With this form, you are required to submit:

- A copy of your Manitoba Health card
- A copy of the letter from Manitoba Health confirming the end date of your coverage.
- I will submit the letter from Manitoba Health at a later date.

SECTION C: Acknowledgement and signature

Read and acknowledge the following:

- I understand once I opt out of the plan offered by MITT, I do not have the option to re-enroll.
- I understand MITT is not legally responsible if I do not have health insurance coverage because I have requested not to participate in the health insurance plan by using a Manitoba Health card that is or has expired.
- I confirm I have not used the *guard.me @ Manitoba* insurance plan
- I confirm I will not use the *guard.me @ Manitoba* insurance plan

Notes:

- Health Insurance is mandatory for international students in Manitoba. Students must prove they have health coverage for the entire duration of their studies at MITT.
- Requests to opt out of the *guard.me @ Manitoba* plan must be made the day before the start date for English Language Institute (ELI) programs and within 30 calendar days of the start date for post-secondary and post-graduate programs.
- Students attending two-year programs must make the request to opt out each year.

Signature

Date (mm.dd.yyyy)