



## INTERNATIONAL STUDENT HEALTH INSURANCE EARLY ENROLMENT REQUEST FORM

*This form is to be completed when a student is requesting early enrolment into the health insurance plan.  
Email completed form to: [international.health@mitt.ca](mailto:international.health@mitt.ca)*

### SECTION A: Student Information

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

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Student # \_\_\_\_\_

Program: \_\_\_\_\_ Intake: \_\_\_\_\_

Personal Email Address (as it appears in your student portal account): \_\_\_\_\_

### SECTION B: Early Enrolment Request

Health insurance is mandatory for international students studying in Canada. Students may request early enrolment into the health insurance plan offered by MITT.

Read and confirm the following:

- ☐ I request early enrolment into the health insurance plan
- ☐ I understand I cannot opt out of the health insurance plan
- ☐ I confirm I do not have coverage from Manitoba Health

### SECTION C: Acknowledgement and Signature

I have read and understand the information on this form.

Signature \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_