



INTERNATIONAL STUDENT HEALTH INSURANCE OPT-OUT REQUEST FORM

You may request to opt-out of the health insurance plan offered through MITT if you provide proof of valid Manitoba Health coverage that covers the entire duration of your studies at MITT. Alternate health insurance plans will not be considered.

This form must be received by MITT by the opt-out deadline as indicated in the Opt-Out Deadlines section of the [International Student Health Insurance webpage](#).

Submission of a second opt-out request form is required:

- Before starting Year 2 of a two-year post-secondary program
- If your English for Academic Purposes (EAP) studies are extended
- When starting a post-secondary program after completing an EAP program

Email completed form and supporting documents to: 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: _____

Email Address: _____ Phone #: _____

Mailing Address: _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

SECTION B: Manitoba Health Coverage and Supporting Documents

Choose an option, check all boxes, and enter dates if applicable.

Option 1	Option 2
<input type="checkbox"/> I confirm I have valid Manitoba Health coverage for the duration of my program. <input type="checkbox"/> MB Health Start date (mm/yyyy): _____ <input type="checkbox"/> MB Health End date (mm/yyyy): _____ <input type="checkbox"/> Along with this form, I am submitting the following required supporting documents: <input type="checkbox"/> A copy of my Manitoba Health Card and <input type="checkbox"/> A copy of the 'pink slip' that indicates the expiry date	<input type="checkbox"/> I have applied for Manitoba Health coverage and expect to be approved, but have not yet received my Manitoba Health Card. I agree to the following: <input type="checkbox"/> Approval of my opt-out request is not guaranteed <input type="checkbox"/> It is my responsibility to submit the following required supporting documents by the deadline to be communicated to me in an email from MITT: <input type="checkbox"/> A copy of my Manitoba Health Card and <input type="checkbox"/> A copy of the 'pink slip' that indicates the expiry date

SECTION C: Acknowledgement and Signature

Check ALL of the boxes below to confirm you have read, understood, and acknowledge the following:

- ☐ I am responsible for ensuring my Manitoba Health coverage is valid for the entire duration of my studies at MITT.
- ☐ MITT is not liable if I do not have health coverage because I am choosing to opt-out using a Manitoba Health card that is or becomes expired.
- ☐ Once I choose to not participate in the guard.me health insurance plan, I cannot re-enroll in the plan.
- ☐ I confirm I have not used the MITT health insurance plan.
- ☐ I confirm I will not use the MITT health insurance plan.

Signature _____ Date of Signature (mm/dd/yyyy): _____