DSU International Students Insurance Plan
Authorization and Assignment of Payment Form

First Name:		Last Name:	
Student ID:		Date of Birth:	
Phone Number:		E-mail:	
Canadian Mailing Address:			
City:		Postal Code:	

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

By signing below, you authorize the Dalhousie Health & Wellness on your behalf, to submit claims and obtain payments for all services performed for you, your spouse and your dependents during the Coverage Period.

You agree to take all reasonable steps to ensure all information submitted to Intrepid 24/7 Canada by the Provider is complete and accurate and will notify Intrepid 24/7 if you become aware of any discrepancies with the services billed on your behalf.

You understand that the information provided by you to Intrepid 24/7 about yourself, your spouse and your dependents will be used by Intrepid 24/7 and its agents/ administrators for claim adjudication and any other services necessary in the administration of these benefits which may include the exchange of information with other parties to administer this claim.

You confirm that you are authorized by your spouse and/or dependents to disclose and receive information about them that is used for the aforementioned purposes. You confirm that your spouse and/or dependents understand that this information may be seen by you, the member.

The cost (if any) of obtaining information required for the payment of the claim is at the expense of the patient or plan member. All claims must be submitted within 12 months from the date of service unless otherwise stated in your benefit plan documentation.

You confirm that you, your spouse and/or dependents authorize Intrepid 24/7 and its agents/ administrators access to your medical records for the purpose of auditing the claimed expenses and or any other services relating to the adjudication of your claims.

Intrepid 24/7 and its agents/ administrators are committed to protecting the privacy, confidentiality and security of the personal information collected, used and retained.

Intrepid 24/7, as administrator for the Insurer, shall have full rights of subrogation, including the right to proceed in the Insured Person's name against third parties who may be responsible for a claim arising or for providing indemnity or benefits similar to the benefits under this Certificate. The Insured Person shall give Intrepid 24/7 all such assistance as is reasonably required to secure the Insurer's rights and remedies, including the execution of all documents necessary to enable the Insurer to bring suit in the name of the Insured Person, as applicable.

Subrogation from a Third Party: In the event of a payment under this insurance, Intrepid 24/7, as the administrator for the Insurer, has the right to proceed in the name of any Insured Person against third parties who may be responsible for giving rise to a claim.

I agree that a photocopy or facsimile of this authorization shall be valid as the original and that this authorization shall be considered valid for the duration of this claim, but not to exceed two years from the date it is signed. I understand information about me may be reviewed in the event that this plan is audited.

I have read, understand and consent to receive communications from the DSU Health Plan Office and Intrepid 24/7 by mail at both my Canadian and Home Country address for the sole purpose of processing any current or outstanding claim(s). I understand that I will only be contacted at my Home Country Address as a means of last resort.

I authorize the Dalhousie University Students' Union ("DSU") and Dalhousie University, Intrepid 24/7 (Administrator), and C&C Insurance Consultants (benefit consultant) to collect and exchange personal information about me and/or my dependents to process claims and administer my plan. I understand any personal information obtained by these entities will be kept confidential and, where necessary, will be exchanged with any health care practitioner, medical facility or provider of healthcare/dental service, Berkley Canada (Insurer), any provincial health insurance plan, insurance company or reinsurer, auditing or independent investigative organization, and financial institution, applicable to the day-to-day scope of this benefit plan.

I understand that until my enrolment is verified by the University and I meet all eligibility requirements for this policy, my coverage may not be active.

CERTIFICATION: By signing below, you confirm that the services listed within this submission were performed and all information provided with this claim submission is complete and accurate. The undersigned hereby certified that the information provided by him or her is complete and accurate to the best of each his or her knowledge and belief. In the event of a false or misleading statements and/or claims, coverage can be void. The undersigned certifies he or she have the authority to provide all required authorization and information.

CASL AUTHORIZATION: I have read, understand and consent to receive communications from Intrepid 24/7 by e-mail. If you wish to no longer receive communications by e-mail from Intrepid 24/7 please call 416-640-7865 or (toll free) 866-883-9787.

_____ **Initial** **I understand that if I elect to opt out of coverage, I will not receive a refund of any of the premium paid if a claim has been paid under my policy.**

Insured Signature: _____ Date: _____

Travel insurance does not cover everything. Please refer to your benefits booklet for full terms and conditions, including the including the definitions for the defined terms used in this form.
Travel insurance is underwritten by Berkley Canada (the "insurer"), a Berkley Canada Company and administered by Intrepid 24/7. *20170811*