

## SGPS Health and Dental Opt-In

### Lakeridge Campus – Medicine Degree Students

This form may be used by **degree seeking medicine students in years 1 to 4 studying on the Lakeridge campus only** who wish to opt-in and pay SGPS Health and Dental fees for the current academic year.

Deadline for submitting this form: Annually on September 29.

Forms WILL NOT be accepted after this date.

*Providing incorrect information will prevent the Registrar's Office from assessing the requested fee.*

Student Number: \_\_\_\_\_

Faculty/School: **School of Medicine – Lakeridge Campus**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this form, I acknowledge that I will be assessed the current academic year approved SGPS Health and Dental fees.

Visit <https://sgps.ca/hdplan/> for more information.

*The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected will be used by the Office of the University Registrar to process your request as identified on this form. For more information, please contact the Office of the University Registrar (Records and Services), Queen's University, Gordon Hall, 74 Union Street, Kingston, Ontario, K7L 3N6, 613 533 6894.*