

**MANITOBA INTERNATIONAL STUDENT HEALTH PLAN**



2021-2022  
**DEDUCTIBLE CALCULATION FORM**

**Please complete and return this form to Manitoba Blue Cross.**

Eligible drug purchases are applied to the annual deductible between September 1 and August 31 of each benefit year. Only one application per family. Proof of income may be required.

Manitoba International Student Health Plan Information		
Manitoba Blue Cross Certificate #	Client # <span style="font-size: 1.5em; font-weight: bold;">8093</span>	
Student Last Name	Student First Name	
Address while attending University		
City/Town	Postal Code	Telephone Number or Email Address

Deductible Calculation – To be Calculated in Canadian Dollars			
Income Declaration based on 2020 calendar year for Student		Income Declaration based on 2020 calendar year for Spouse	Total Family Income
_____	+	_____	= \$
Total Income in Canadian Dollars		Total Income in Canadian Dollars	
Subtract \$3,000 for spouse and for each dependant under 18 years			= \$
Adjusted Total Family Income			= \$
If Adjusted Total Family Income is less than or equal to \$15,000 then multiply by 3.17%  If Adjusted Total Family Income is greater than \$15,000 and less than or equal to \$40,000 then multiply by 4.97%  If Adjusted Total Family Income is greater than \$40,000 and less than or equal to \$75,000 then multiply by 5.71%  If Adjusted Total Family Income is greater than \$75,000 then multiply by 7.15%.			= \$
			Annual Deductible

Your Adjusted Total Family Income multiplied by the appropriate percentage will be used to determine your Manitoba International Student Health Plan deductible and your reimbursement under this plan will be based on this amount. Minimum deductible is \$100.

**I certify I am aware of and have read the Authorization and Consent on the reverse side of this form. I agree that all of the information I have provided on this form is true and correct.**

\_\_\_\_\_  
Signature of Student                                  \_\_\_\_\_ Date                                  \_\_\_\_\_ Signature of Spouse                                  \_\_\_\_\_ Date



## AUTHORIZATION & CONSENT

I understand that the personal information and personal health information provided herein as well as any other personal information and personal health information currently held or collected in the future by Manitoba Blue Cross may be collected, used, or disclosed to administer the terms of the policy of which I am an eligible member, to develop and recommend suitable products and services to me, and to manage the Company's business.

Depending on the type of coverage I carry, limited personal information or personal health information may be collected from and/or released to a third party. These include other Blue Cross organizations, licensed physicians and/or any other healthcare professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in the policy of which I am an eligible member. I understand that Blue Cross may retain service providers inside and outside of Canada to assist them in their business and further understand that my personal information may be subject to disclosure to law enforcement and other authorities, where required by law, both inside and outside of Canada, when such information is in the possession of Blue Cross or one of its authorized service providers.

I understand that I have provided my consent for Blue Cross to collect, use and disclose my personal information as outlined in the Blue Cross Privacy Code. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information and personal health information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross's privacy policies as to the collection, use, or disclosure of my information, I may contact Blue Cross at 204.775.0151 or 1.800.873.2583 or [mb.bluecross.ca](http://mb.bluecross.ca).

I understand Studentcare will collect, use, and disclose my personal information for the purpose of managing eligibility for coverage under the Manitoba International Student Health Plan. To learn more about their privacy policies, I may contact Studentcare at [privacy@studentcare.net](mailto:privacy@studentcare.net).