Opt Out Letter Request

The letter you are requesting will confirm that you are currently enrolled in the UBC Extended Health and Dental plans. You will be contacted when your letter is ready.

Staff		
☐ Faculty		
Name:		
Employee or Social Ins	surance N	lumber:
Phone number:		
I am requesting this let	tter for:	
☐ Myself		
My spouse	Spou	use's name:
My dependent	Depe	endent's name:
	Depe	endent's date of birth:
Choose one of the following: TURN AROUND TIME: 3 business days		
□ I would like to pick up the letter at Financial Services.		
Please fax the letter to my attention. Fax #		
Please mail the letter to the following address:		
Please e-mail the letter to the following address:		
-		
Signature: Date:		