

(To Be Reproduced, Verbatim, On The Letterhead of Applicant)

Board of Trustees
The Campus Trust
1 – 89 Galaxy Blvd.
Rexdale, ON M9W 6A4

**RE: CAMPUS TRUST APPLICATION FOR PARTICIPATION AND
CONFIDENTIALITY AGREEMENT**

We agree that The Campus Trust is, at our request, providing (name of prospective Participating Organization) with certain confidential information concerning The Campus Trust. We understand that the information, so provided, is strictly Confidential in nature and, therefore, we will treat it as such. We agree to safeguard it to the same extent as we do our own confidential information and to limit and control copies, extracts or reproductions made of the Confidential Information. Without the express written consent of the Trustees of The Campus Trust, we will not use such Confidential Information for any purpose other than evaluating the opportunity to participate in The Campus Trust.

We will not disclose the Confidential Information to any person other than our executive officers, those of our employees who have a need to know, and our legal advisors. In such cases, we agree that those executive officers, employees and legal advisors will be bound by the same degree of confidentiality as we, and that we will be responsible for any breach, of this Agreement, committed by them.

The provisions of this Agreement relating to Confidential Information will not apply to any part of such Confidential Information which the undersigned can clearly demonstrate (to the satisfaction of The Campus Trust) is now, or subsequently becomes, part of the public domain through no violation of this Agreement.

We accept the Confidential Information furnished, and to be furnished, concerning The Campus Trust, subject to the conditions set forth in this letter.

Dated this _____ day of _____, 200__.

(name of prospective Participating Organization)

Officer's Signature

Witness' Signature

Officer's Printed Name

Witness' Printed Name

Title

Title

APPLICATION FOR PARTICIPATION TO THE CAMPUS TRUST

The information referenced below, must be submitted in full, along with the letter of APPLICATION FOR PARTICIPATION AND CONFIDENTIALITY AGREEMENT before the Trustees of The Campus Trust can consider the applicant for participation. The Trustees of The Campus Trust, on behalf of themselves and their agents do hereby affirm that the information submitted in / with this application, is for the sole purpose of evaluating the prospective organization for participation in The Campus Trust. Such information will be used for no other purpose and will be kept in the strictest of confidence.

BACKGROUND INFORMATION

legal name of Prospective Organization

Courier Address

Mailing Address

Contact Person

Phone No.

Position /Title

Fax No.

INSTITUTIONAL INFORMATION

- 1. No. of campuses _____ 2. Average age of students _____
3. Locations of campuses _____
4. No. of students on the health and/or dental plans at each campus _____
5. No. of employees at the student association: _____ full - time _____ part - time

BENEFIT INFORMATION

6. Is there an existing benefit plan in place? YES NO

7. Who is currently responsible for the administration and operations of your benefit program? (If more than one, please indicate).

Student Association _____ Please Check
Staff of the university / college _____
Outside third party _____
Other (specify) _____

8. If the answer to item 6, above, was YES, please submit (with this application) a copy of your benefit booklet, a premium / billing invoice and a copy of your last renewal from your broker / insurance company.

9. If the answer to item 6, above, was NO, please respond to the following items (a) through (e).

(a) What benefit coverages are being considered by your association? (please complete Attachment "A")

(b) Has a student referendum been held to approve the establishment of such a benefit program?

If YES, was it successful? YES NO

If NO, is one necessary? YES NO

If one is planned, when will it occur? _____

(c) If applicable, when is the new benefit program intended to start? _____

IMPLEMENTATION INFORMATION

10. By what date do you require a response to this application? _____

11. What body, if any, must give final approval to your association for its participation in The Campus Trust? _____

12. If applicable, would it be helpful to have a representative of The Campus Trust appear before that approving body to answer questions? YES NO

If YES, when? _____

13. Please provide any additional comments, details or information below.

DECLARATION

I _____, on behalf of _____
(name) (legal name of organization)

acknowledge and agree that the information contained herein is true in substance and in fact.

Signed and submitted this _____ day of _____, 200__

legal name of organization

Officer's Signature

Witness's Signature

Officer's Printed Name

Witness's Printed Name

Title

Title

“ATTACHMENT A”

(For Organizations That Do Not Currently Have A Benefit Plan)

Build Your Own Program

SOME OF THE MANY BENEFIT OPTIONS TO CHOOSE FROM include:

Health

- Prescription Drugs
- Accidental Death & Dismemberment
- Ambulance Air or Ground
- Hospital
- Medical Devices
- Orthopedic Shoes
- Out of Province / Country Travel
- Tutorial
- Pay Direct Drug Card
- Diagnostic Services
- Medical Equipment
- Orthotics

Paramedical

- Chiropractic
- Massage Therapy
- Physiotherapy
- Psychologist
- Speech Pathologist
- Naturopath

Vision

- Eye Exams
- Lenses and Frames
- Discount Centers
- Laser Eye Surgery

Dental

- Managed Dental
- Check-up/X-rays
- Cleaning/Scaling
- Wisdom Teeth (2 or 4)
- Minor Restorative Fillings/Extractions)
- Major Restorative (Crowns/Bridges/Root Canals)
- Oral Surgery
- Periodontics / Endodontics
- Orthodontics
- Fee For Service
- Preferred Provider

Many other expenses may be covered by a benefit plan, however the above represents the major and most common covered items. Further analysis regarding on-campus services, the community and the needs of your members is recommended.