

COLLEGE OF THE NORTH ATLANTIC
JULY 2019

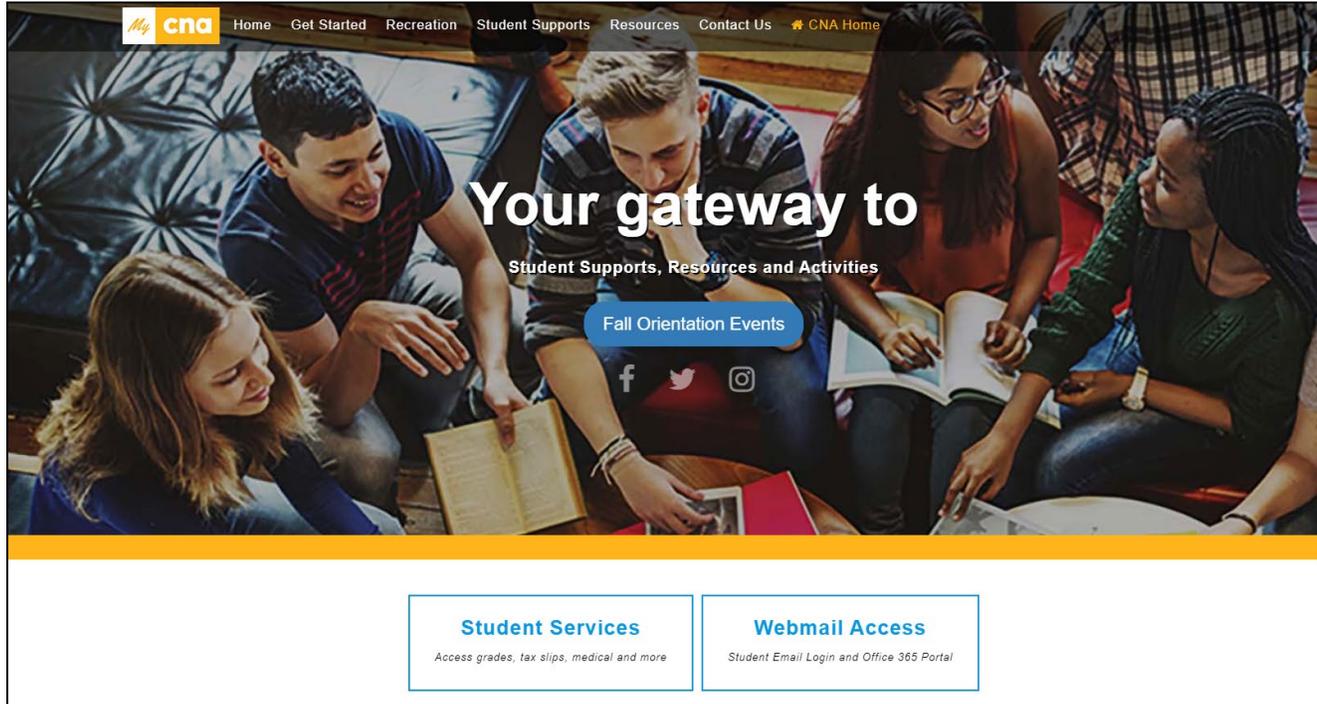
HEALTH AND DENTAL PLAN OPTION



HEALTH AND DENTAL PLAN OPTION (STUDENT VERSION)

College of the North Atlantic - Newfoundland and Labrador

A student can log into the PeopleSoft Self-Service Menu to enroll in the Health and Dental Plan by going to <http://www.cna.nl.ca/mycna> and clicking on the large **Student Services** button to login.



Health and Dental Plan Options

After logging in, please follow the following navigation from the menu.

Navigation | Self Service>Campus Personal Information>Health Dental Plan Options page

Three Options are available for both the Health and Dental plan:

1. **SINGLE COVERAGE**
2. **FAMILY COVERAGE**
3. **OPT OUT**

1. Single Coverage:
 - To enroll in 'Single Coverage' in **Health** and/or **Dental**, leave the default selection in place
2. Family Coverage:
 - To enroll in 'Family Coverage' for **Health** and/or **Dental**, select that option on the page

Health - select appropriate coverage Family Coverage

Dental - select appropriate coverage Family Coverage

Family Coverage Dependent Information								Customize	Find	First	1 of 1	Last
Last Name	First Name	Gender	Date of Birth	Health	Dental	Relationship	Dependent Status (21 or over)					
1				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			+				

➤ Enter Family Dependent Information; if you have more than one dependent, press the plus (+) sign at the end of the first row to insert additional rows.

Please note: Dependents include common-law/same sex spouses with whom the student has been living in a conjugal relationship for a period of 12 months. Dependent children are eligible for coverage up to the end of the benefit year in which they turn age 21 or 25 if enrolled and in full-time attendance at an accredited college, university or educational institute.

3. Opt Out::
 - To Opt Out of **Health** and/or **Dental**, select that option on the page

Health - select appropriate coverage Opt Out

Dental - select appropriate coverage Opt Out

- You must complete the required Insurance Policy Information section

Insurance Policy Information

Check box if same policy number applies for exemption from both health and dental.

Health	
Policy Number	<input type="text"/>
Insurance Company	<input type="text"/>
Policy Holder Name	<input type="text"/>

Dental	
Policy Number	<input type="text"/>
Insurance Company	<input type="text"/>
Policy Holder Name	<input type="text"/>

Once all the selections are made and all required information has been entered, press the **Save** button to submit the request.

If you have any inquiries regarding the student health and dental plan please contact:

Student Health and Dental Plan Advisor

Mary Ellen Alexander

P: 709-643-7927