


**NOTE:** When printing, please use the highest quality setting available on your printing device.


FOLD

CUT ALONG DOTTED LINE

CUT ALONG DOTTED LINE



**Olds College Students' Association**




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## Care Card

**PHARMACIST:** Please access the **ASSURE** system and enter the following information: 11 156959 Student ID number 0 \_\_\_\_\_ 01

**DENTAL OFFICE:** Please use the following information:  
Great-West Life group number 156959, Student ID number \_\_\_\_\_



**Assure**



GALLIVAN  
ASSOCIATES

[www.gallivan.ca/studentnetworks/members/ocsa](http://www.gallivan.ca/studentnetworks/members/ocsa)

Student's Signature \_\_\_\_\_

*Please enter your applicable student ID number in the space provided on the front of this card. If student ID number is not 9 digits please pre-fill with zeros.*

**OCSA Student Benefits Plan Office**

Bell e-Learning Centre  
Room 921  
4500-50 Street  
Olds, Alberta  
T4H 1R6  
(403) 556-4626

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## USING THE CARE CARD:

- This card does not require a colour printer
- Carry your **Care Card** with you at all times.
- **New Eligible Students:** A reminder that this card will not work until the enrolment process has been completed. Please contact your **OCSA Student Benefits Plan Office** for details.
- Please contact the **OCSA Student Benefits Plan Office** to verify your **applicable** student ID number.
- Contact your **OCSA Student Benefits Plan Office** to confirm your eligibility for coverage. **Downloading of this card does not confirm eligibility or benefits coverage.**
- Your **Care Card** is used for pay direct prescription drug transactions and/or pay direct transactions at your dental office only. All other claims require completed claim forms and original receipts to be sent directly to your insurance company. Claim forms are available at your **OCSA Student Benefits Plan Office**.
- If you experience any problems using your **Care Card** please ask your Pharmacist or Dental Office to contact your **OCSA Student Benefits Plan Office** immediately for assistance.