



DEPENDANT DECLARATION FORM

A. PLAN MEMBER INFORMATION
Member Name (last, first)
Employee ID
Address
Telephone
Email
B. OVER-AGE DEPENDANT INFORMATION
Dependant Name (last, first)
Date of Birth (mm/dd/yyyy)
Address (if different from Plan Member)
C. OVER-AGE STUDENT DEPENDANT DECLARATION
<input type="checkbox"/> I declare the dependant listed in Section B is a full-time student as described in the definition of dependant in my Benefits booklet
Dependants between the ages 18 – 24 (age 26 in Quebec for drug coverage only) are eligible for coverage if they are enrolled at an accredited educational institution, school, college, or university as a full-time student. Please refer to the Benefits Booklet for more details.
Name of Educational Institution
Location of Educational Institution
Enrolment Start Date (mm/dd/yyyy)
Enrolment End Date (mm/dd/yyyy)
D. REMOVAL OF OVER-AGE DEPENDANT FROM THE PLAN
(Complete this section if the over-age dependant is no longer attending an educational institution)
<input type="checkbox"/> I declare the dependant listed in Section B is NOT a full-time student as described in the definition of dependant in my Benefits booklet
Since the dependant is not a full-time student, I acknowledge that they cease to be covered under this plan as of the date the Benefits Centre receives this signed declaration.
I declare the statements made herein are true and complete. I also declare that I am the parent, guardian and/or caregiver.
I understand that any misrepresentation, incorrect or concealed information or failure to fully complete all sections of the questionnaire may void my dependant's coverage. I am authorized by my dependant(s) to consent to this Dependant Declaration Form, on their behalf as if they were signing it themselves, and to disclose and receive their information, for the purposes of administering these benefits.
I acknowledge that I will be required to complete this form on an annual basis, until the child no longer qualifies for coverage as an over-age dependant; the proof of enrolment may be requested from time to time
Member Signature
Date (mm/dd/yyyy)