



Dependant Declaration Form

A. Plan Member	
B. Over-Age Dependant Information	
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	
<i>Dependants between the ages detailed in your booklet are eligible for coverage if they are enrolled at an accredited educational institution, school, college, or university as a full-time student. Coverage for eligible dependants will be extended up to August 31st of the next school year, the upper limit of the dependant definition age, or until coverage is terminated.</i>	
Name of Educational Institution	Location of Educational Institution
Enrolment Start Date (DD/MM/YYYY)	Enrolment End Date (DD/MM/YYYY)
D. Removal of Over-Age Dependant from the Plan <i>(Complete this section if the over-age dependant is no longer attending an educational institution)</i>	
<input type="checkbox"/> I declare the dependant listed in Section B is <u>NOT</u> a full-time student as described in the definition of dependant in my Benefits booklet	
<i>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>	
I declare the statements made herein are true and complete. I also declare that I am the guardian, caregiver, and /or parent of the dependant.	
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 may be required to complete this form on an annual basis.	
Signature of Plan Member	Date (DD/MM/YYYY)