



**APPLICATION TO INSURE A DEPENDENT  
WHO IS OVER AGE 21**

The insured employee completes this form. It is to be used when the employee wants coverage for an overage dependent. They would have coverage from their 21<sup>st</sup> birthday to their 25<sup>th</sup> birthday (26<sup>th</sup> Birthday in Québec) provided that:

- the dependent is unmarried;
- the dependent is wholly dependent upon the insured member
- the dependent is in full-time attendance, or on vacation from, an accredited school.

Employee's Name \_\_\_\_\_ Firm # \_\_\_\_\_ Certificate # \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Employee's relation to the dependent \_\_\_\_\_

Dependent's Present Age \_\_\_\_\_ Dependent's date of birth (D/M/Y) \_\_\_\_\_

1) Is the overage dependent wholly dependent upon you? \_\_\_\_\_

2) Is the dependent working full or part time? \_\_\_\_\_ # of hours per week \_\_\_\_\_

3) Is the dependent in full-time attendance at an accredited school? \_\_\_\_\_

If so, what is the name and address of the school? \_\_\_\_\_

What school year is he/she presently enrolled for? \_\_\_\_\_

Date the current school term is expected to end. \_\_\_\_\_

If the student plans to return to school on a full time basis after this date, please indicate when: \_\_\_\_\_

How many classes per day? \_\_\_\_\_ # of hours per day? \_\_\_\_\_

**\*\*\* School Information must be completed on every claim form.**

I certify that the above information is true and complete. I acknowledge that no benefits will be payable until the insurer approves this application. (Proof of this information may be required.)

Dated at \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_  
City D/M/Y Employee's Signature