

STUDENT DECLARATION FORM OVER THE AGE OF 21 OR UNDER 25 WHO ARE FULL-TIME STUDENTS

Declaration for the period commencing September 1, _____

IDENTIFICATION OF MEMBER

| | |
|--------------------------------|---|
| Name of Group | Government of Newfoundland and Labrador |
| Policy Number | 168000 |
| Employer | |
| Plan Member Name | |
| Member ID # | |
| Division No. (office use only) | |

IDENTIFICATION OF DEPENDANT(S)

| LAST NAME | FIRST NAME | DATE OF BIRTH | NAME OF EDUCATIONAL INSTITUTION | FULL-TIME STUDENT | ENROLMENT DATE |
|-----------|------------|----------------|---------------------------------|--|----------------|
| | | yyyy / mm / dd | | <input type="checkbox"/> Yes <input type="checkbox"/> No | yyyy / mm / dd |
| | | yyyy / mm / dd | | <input type="checkbox"/> Yes <input type="checkbox"/> No | yyyy / mm / dd |
| | | yyyy / mm / dd | | <input type="checkbox"/> Yes <input type="checkbox"/> No | yyyy / mm / dd |
| | | yyyy / mm / dd | | <input type="checkbox"/> Yes <input type="checkbox"/> No | yyyy / mm / dd |

DECLARATION

I declare that the information provided herein is complete and true. I can provide, upon request, proof of eligibility for the dependant child(ren) listed above (birth certificate, adoption certificate, proof of school attendance).

Signature of Member:

Date:

Please return this form to your divisional Plan Administrator in the month preceding the beginning of the school year. Failure to submit may result in the cancellation of group insurance coverage. A letter of confirmation can be provided by Canada Life, if required.

DEFINITION OF DEPENDANT CHILD FOR THE PURPOSES OF THE INSURANCE PLAN

Child means a person who is the Participant's unmarried, natural, adopted, foster or step-child (including any child of a minor, unmarried child provided they meet Dependant eligibility) who is dependent upon the Participant for financial support and maintenance. Such child must be:

- Under 21 years of Age: or
- Under 25 years of Age, attending an accredited educational institution, college or university on a full-time basis. A form will be required to be completed each year.
- Age 21 or over who is incapacitated for a continuous period beginning before age 21, or while a full-time student and before age 25. A child is considered functionally impaired if they are incapable of supporting themselves due to a physical or psychiatric disorder.

Please note: A Child who is working more than 30 hours per week will not be eligible for coverage unless the Child is a full-time student