



QUALIFICATION OF OVER AGE STUDENT

PLEASE COMPLETE THIS FORM AND RETURN IT TO HUMAN RESOURCES SERVICES. IF YOU HAVE MORE THAN ONE OVER AGE STUDENT, PLEASE MAKE A DUPLICATE OF THIS FORM AND SUBMIT ONE FORM FOR EACH STUDENT.

Employee Surname	First Name	Employee ID Number	
Department	Campus Address	Extension	Policy # 25018

DEFINITION OF DEPENDENT CHILDREN:

Your children and your spouse's children (other than foster children) are eligible dependents:

- if they reside in Canada or the United States;
- they maintain provincial health coverage;
- who are unmarried and under age 21 and
- for whom you have actual custody or legal financial responsibility.

A child who is a full-time student attending an educational institution recognized by Canada Revenue Agency is also considered an eligible dependent until the age of 25 as long as the child is entirely dependent on you for financial support and you have actual custody or legal financial responsibility.

Dependent Surname	First Name	Birthdate (MM/DD/YY)	SEX (F/M)
Educational Institution	City	Province	School Year (i.e. 2005/2006)

I understand it is my responsibility to notify the University of any addition or deletion from those I wish covered under the plan. The insurer reserves the right to obtain reimbursement from me for any benefits paid due to error, misrepresentation or lack of notification.

Employee Signature

Date (YYMMDD)

Human Resources Signature

DATE STAMP

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