

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	168074
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 GroupInsurance@gov.nl.ca thirty (30) days prior to the beginning of each session. 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.