

Group Administration Department

 5500 Explorer Drive - 4th Floor
 Mississauga, ON L4W 5C7
 Tel: 1 (888) 939-8885 | Fax: 1 (866) 521-3784

1. EMPLOYER INFORMATION

Group Policy Number: _____

Division Number: _____

Employer / Policyholder Name: _____

2. EMPLOYEE / MEMBER IDENTIFICATION

Certificate Number: _____

Employee / Member Name: _____

3. DEPENDENT CHILDREN

This section is to be completed only if your dependent children are older than the age limit specified under your plan and attending a recognized school establishment, on a full time basis. Please indicate the status of each child in the section below and return the document to the above-mentioned address with a copy of his / her "proof of enrolment" from the accredited school.

Child 1 - First and Last Name: _____

Date of Birth
 mm/dd/yyyy _____

Gender
 Male Female

Name of educational institute: _____

School Year Period:

Start _____ End _____

_____ To _____

Child 2 - First and Last Name: _____

Date of Birth
 mm/dd/yyyy _____

Gender
 Male Female

Name of educational institute: _____

School Year Period:

Start _____ End _____

_____ To _____

4. EMPLOYEE / MEMBER SIGNATURE

 Signature of Employee / Member

 Date