

APPLICATION FOR OVER-AGE DEPENDENT COVERAGE

A: Employer Information

Employer's Name:

B: Member Information

Last Name

First Name

Certificate Number

C: Dependent Children

Dependent Child 1

Last Name

First Name

Date of Birth
(DDMMYYYY)

Gender

Male

Female

Name of Accredited School, College or University

The dependent child is enrolled as a full-time student

From: (DDMMYYYY)

To: (DDMMYYYY)

A new form and proof of enrolment must be submitted by August 31st each year the dependent child is enrolled as a full-time student.

Dependent Child 2

Last Name

First Name

Date of Birth
(DDMMYYYY)

Gender

Male

Female

Name of Accredited School, College or University

The dependent child is enrolled as a full-time student

From: (DDMMYYYY)

To: (DDMMYYYY)

A new form and proof of enrolment must be submitted by August 31st each year the dependent child is enrolled as a full-time student.

D: Member Signature

Signature of Member

Date

PROOF OF ENROLMENT IS REQUIRED. PLEASE ATTACH A COPY FOR OUR RECORDS.

Suitable proof includes a letter from the accredited school, college or university advising the child is a full time student or a copy of the paid tuition. A new form and proof must be submitted each school year.

Fax this completed form to your HealthSource Plus servicing office:

Toronto 416.445.2222

Winnipeg 204.940.3901

Montreal 514.331.6486

Niagara 905.357.0807

Please call if you have questions

Toronto 1.800.753.0110

Winnipeg 1.866.940.3945

Montreal 1.877.331.7728

Niagara 1.866.556.5119