



Request for Over-Age Dependent Coverage

Plan Member Information		
Agency Name	Plan Member Name (first, last)	
Full-Time Student Information		
Dependent First Name	Dependent Last Name	
Relationship to Employee	Dependent's Date of Birth (yy/mm/dd)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Name of Accredited School/College/University		
Date School Year Begins (yy/mm/dd)	Date School Year Ends (yy/mm/dd)	
<p>Please note: A Request for Over-Age Dependent Coverage must be provided prior to each school year that the dependent is a full-time student. Proof of registration must accompany Request for Over-Age Dependent Coverage.</p> <p>Proof of registration is a copy of tuition paid (which must include the dependent's name, the name of the educational institution, dates), or formal Confirmation of Enrollment from the educational institution or a letter on school letterhead confirming dates of enrolment for the student.</p> <p>When the form along with proof is returned, coverage will continue for the period of time for which proof has been provided, until your dependent is no longer a full-time student, or until reaching age 26, whichever is earliest.</p> <p>Please remember to submit a new Request form and proof of registration each school year as no reminders will be sent out.</p>		
Certification and Authorization		
All statements, representations and answers made in this form whether written or printed are declared to be true, full and complete.		
Signature of Plan Member	Date signed (yy/mm/dd)	
To be completed by Plan Administrator (Benefits Office)		
Date Request Received (yyyy/mm/dd)	Agency Number	
Effective Date of coverage (yyyy/mm/dd)	Proof of Registration Received <input type="checkbox"/> Yes <input type="checkbox"/> No	
Plan Administrator's Signature	Date Signed (yyyy/mm/dd)	

Completed forms of the original employee signature along with proof of registration are to be mailed to; Community Agencies Benefit Plan 201 – 5 Donald Street Winnipeg, MB R3L 2T4 or scanned to klarsen@cabplan.org.