iA Financial Group

CONFIRMATION OF STUDENT STATUS

FOR SCHOOL YEAR _____ - _____

GROUP INSURANCE

This form is sent to plan members with one or more dependent children under the age of 25. However, for Quebec employees, students who were confirmed full-time students during the previous school year are covered until they reach the age of 26. It allows to confirm the eligibility of the student status of these dependents for the above-mentioned school year in order to avoid any delays in processing claims.

IMPORTANT

The plan member identified in Section 1 must complete Section 2 on the status of his/her dependent children and send the form to:

Mail:

Please note that if your dependent children are no longer full-time students or if they are aged 26 or over, it may have an impact on your coverage. If that is the case, please notify your plan administrator to verify if a change of coverage is necessary.

1. PLAN MEMBER IDENTIFICATION

Group policy no. _____ Division no. _____ Certificate no. _____

Plan member's name _____

2. DEPENDENT CHILDREN UNDER THE AGE OF 26 WHO ARE FULL-TIME STUDENTS FOR THE ABOVE-MENTIONED SCHOOL YEAR

Child's name	Date of birth	Name of institution attended
_____	Y M D	_____
_____	Y M D	_____
_____	Y M D	_____
_____	Y M D	_____

I declare that the above information is true and complete. Upon request, I can provide proof of eligibility for my dependent children (birth certificate, confirmation of studies, etc.).

_____ Y M D

Plan member's signature Date