❑ Claim Pending

ContinYou™

JG100-CY

REQUEST FOR OVER-AGE DEPENDENT COVERAGE

Please print your Policy & Certificate #

Policy #	Certificate #

Use this form to apply for benefit coverage for dependent children who are over-age 21 and full-time students. Send the completed form to the National Service Centre at the address below.

Covered Individual's Name _____

Dependent's Name _____ Birth Date _____
YYYY/MM/DD

1. Is the over-age dependent wholly dependent upon you? ❑ Yes ❑ No
2. Is the dependent working full or part time? ❑ Yes ❑ No If Yes, # of hours per week _____
3. Is the dependent in full-time attendance at an accredited school? ❑ Yes ❑ No

   If so, what is the name, address and phone number of the school? _____

   _____

   Program Enrolled _____ School Year 20____ to 20____

   Number of hours this program considers full time _____

   Number of hours this student is enrolled in program _____

   Expected date of graduation _____

   If the student plans to return to school on a full time basis after this date, please indicate:

   a) Date _____ b) # of classes/day _____ c) # of hours/day _____

Declaration and Authorization for the Collection and Communication of Personal Information

All the information I have provided on the form is accurate and complete, to the best of my knowledge. I acknowledge that no benefits will be payable until the insurer approves this application.

I authorize Johnston Group Inc. and Co-operators Life Insurance Company to collect, use, maintain and disclose personal information relevant to this application for the purposes of benefit plan administration, assessment, investigation, claim management, underwriting and for determining plan eligibility. The non-exhaustive list of sources from which information can be collected includes medical and health professionals, facilities or providers, insurance companies, or other organizations/persons. This authorization is also valid for the collection, use and communication of personal information concerning my dependents, insofar as applicable to the administration of benefits under this plan.

I acknowledge that more specific information about collection and use of my personal information can be found in the Privacy and Terms of Use section of www.johnstongroup.ca.

A photocopy of this authorization is as valid as the original.

Employee's Signature _____ Date _____

NATIONAL SERVICE CENTRE, 1051 King Edward Street, Winnipeg, MB R3H 0R4
1-800-893-7587 • info@johnstongroup.ca