



Claim Pending



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 The Co-operators 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](http://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](mailto:info@johnstongroup.ca)**