



Overage Dependent Verification Form

An overage dependent is defined as any child who is currently enrolled under your benefits and has reached the age of **21** and is in attendance as a full-time student at an accredited college or university. Coverage for overage dependents will terminate when they are no longer considered a full-time student or on their 25th birth date. You **must** re-apply if your overage dependent re-enrolls in school each year.

PLEASE SEND THE COMPLETED FORM TO: BENEFITS OFFICE VIA FAX (705-523-7062) OR EMAIL (benefits@hsnsudbury.ca).

Date: _____
Employee First Name: _____
Employee Last Name: _____
Employee Number: _____

Dependent Information #1:

First Name: _____
Last Name: _____
Dependent Date of Birth: _____ / _____ / _____
day month year
Name of accredited School/College/University that they are attending full-time: _____
Program End Date: _____ (current year)

Dependent Information #2:

First Name: _____
Last Name: _____
Dependent Date of Birth: _____ / _____ / _____
day month year
Name of accredited School/College/University that they are attending full-time: _____
Program End Date: _____ (current year)

I certify that the above information is true, correct and complete to the best of my knowledge.

(You may be required to provide proof of school records)

Employee's signature, if mailing directly to Benefits Office (email will be accepted as member authorization).

Signature

