

Over-Age Dependent Coverage



Plan Member Information

Municipality Name		
Employee Name (first, initial, last)	Employee Address	
City	Province	Postal Code

Full-Time Student Information

Important Note: If your dependent is a full time student, please be sure to include proof of registration, referencing dates of school enrollment.

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	
Dependent Address	City	Province	Postal Code
Name of Accredited School/College/University			
Address of Accredited School/College/University			
Date School Year Begins (yy/mm/dd)	Date School Year Ends (yy/mm/dd)		

Please note: Coverage will automatically terminate on August 31 of each year. An Over-Age Dependent Coverage form must be provided prior to each semester that the dependent is a full-time student. Proof of registration to accompany Over-Age Dependent Coverage form.

Proof of registration is a letter from the educational institution on school letterhead confirming registration. (School ID card with an expiry date is not considered sufficient proof.)

All Statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

At Western Financial Group Insurance Solutions, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:

- our employees and representatives in the performance of their jobs;
- persons to whom you have granted access in writing; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

Western Financial Group Insurance Solutions is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act (www.privcom.gc.ca). To learn more about Western Financial Group Insurance Solutions' commitment to privacy and security refer to our web site: www.westernfgis.ca

Employee Signature	Date Signed (yy/mm/dd)
--------------------	------------------------



Complete and send to:
Western Financial Group Insurance Solutions
777 Portage Avenue, Winnipeg, MB R3G 0N3
Toll Free: 1-800-665-8990

Western Financial Group (Network) Inc.
20000-AMME/04-2010