

Dependent Update Form – Page 2

**COMPLETE THE FOLLOWING QUESTIONS
IF THE CHILD IS AGE 21 TO 24**

Is the child your biological child?	Yes or No
If No, does your Spouse/Common-Law Spouse have legal custody of the child?	Yes or No
Is the child a legally adopted child?	Yes or No
Is the child a foster child who lives with the Plan Member?	Yes or No
Does the child live with you?	Yes or No
If No, state reason why:	_____
Is the child married?	Yes or No
If Yes, provide the date of marriage	_____
Is the child employed on a regular full-time basis?	Yes or No
Does the child rely on you for financial support?	Yes or No
Is the child over 21 but under 25 years of age and attends an accredited school, college or university on a full-time basis?	Yes or No
Name of accredited school, college or university:	_____
Date of graduation:	_____
	(Month, Day, Year)
If attending an accredited school, college or university on a full-time basis and not residing with the Plan Member, does the child normally reside in Canada?	Yes or No

EVIDENCE TO SUPPORT OVER-AGE STUDENT DEPENDENT COVERAGE

**THE FOLLOWING QUESTIONS MUST BE COMPLETED BY THE EDUCATIONAL INSTITUTE
IF THE CHILD IS AGE 21 TO 24**

VERIFICATION OF ENROLMENT

Date (mm/dd/yy) _____ Student's Name: _____ Educational Institute: _____

Name/Type of Course: _____

Period of Enrolment

For First Term: _____ to _____
(Month/Day/Year) (Month/Day/Year)

For Second Term: _____ to _____
(Month/Day/Year) (Month/Day/Year)

The Electrical Industry Insurance Benefit Trust Fund of Alberta considers a full-time student to be one who meets the minimum weekly requirements as outlined by the University of Alberta (presently this is 9 hours of class time per week).

The above named student attends a minimum of 9 hours of class time per week and meets this definition of a full-time student. Yes or No

Upon completion of the entire course/program, the student receives a diploma, degree, or designation/certification. Yes or No

Completed by School Representative: _____ Stamp:
(Print Name)

Position/Title: _____

Signature of School Representative: _____