



Electrical Industry Insurance Benefit Trust Fund of Alberta
 #200, 4224 – 93 Street, Edmonton, Alberta T6E 5P5
 Phone: (780) 465-2882 Toll Free 1-800-268-3649
 Facsimile: (780) 465-0808 Email: claims@ebfa.ca

Dependent Update Form

PLAN MEMBER'S INFORMATION

EBFA Stakeholder Number: _____
 Last Name: _____ First Name: _____ Middle Name: _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Telephone Number: () _____ Cell: () _____

DEPENDENT'S INFORMATION

 Last Name, First Name Middle Name: Date of Birth (Month/Day/Year):

COMPLETE THE FOLLOWING QUESTIONS IF THE CHILD IS BETWEEN AGE 18 AND 20

Is the child your biological child?	Yes or No
Is the child your Spouse's child and under the Spouse's custodial care?	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

COMPLETE THE FOLLOWING QUESTIONS IF THE CHILD IS INCAPACITATED

Proof of incapacity must be provided within 31 days following the Dependent's 21st birthday.

Is the child receiving payments from an aid program?	Yes or No
Is the child incapable of self-sustaining employment due to a functional impairment specified in government regulation?	Yes or No
Is the child wholly reliant on the Plan Member for support and maintenance?	Yes or No

PRIVACY STATEMENT AND SIGNATURE

I certify that the information contained on page one and two of this document is true and accurate. I hereby authorize the release of information contained in, or pertaining to this document to the Insurer, Board of Trustees, Medical Consultant, or any of their authorized representatives for purposes of settlement on a claim for this Dependent.

Signature of Plan Member: _____ Date: (Month/Day/Year) _____

Dependent Update Form – Page 2

**COMPLETE THE FOLLOWING QUESTIONS
IF THE CHILD IS BETWEEN AGE 21 AND 25**

Is the child your biological child?	Yes or No
Is the child your Spouse's child and under the Spouse's custodial care?	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 BETWEEN AGE 21 AND 25**

VERIFICATION OF ENROLMENT

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

Name/Type of Course: _____

Period of Enrolment

For First Term: _____ to _____

For Second Term: _____ to _____

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 meets this definition of a full-time student. Yes or No Stamp:

Completed by School Representative: _____
(Print Name)

Position/Title: _____

Signature of School Representative: _____