



OVER-AGE DEPENDENT DECLARATION

EMPLOYEE'S NAME		DATE OF BIRTH	YYYY	MM	DD	GROUP AND SECTION NUMBER	IDENTIFICATION NUMBER		
DEPENDENT'S SURNAME	GIVEN NAME AND INITIALS	RELATIONSHIP			DATE OF BIRTH	YYYY	MM	DD	
<p>I declare that the above named dependent as defined in the Employee Benefits Booklet is: (Check appropriate box and enter dates as required.)</p> <input type="checkbox"/> An unmarried child over the dependent age but under the maximum age specified in the Employee Benefits Booklet. This dependent must be attending an accredited educational institution on a full-time basis. (NOTE: An annual <i>Dependency Declaration</i> is required for each school year.) Name of Educational Institution: _____						START OF SCHOOL TERM:	YYYY	MM	DD
<input type="checkbox"/> An unmarried child, over the dependent age as specified in the Employee Benefits Booklet, but fully dependent on me due to mental or physical disability.						END OF SCHOOL TERM:	YYYY	MM	DD
<p>I certify that all the above information is true and complete and agree to the Acknowledgement and Consent on the reverse side of this form. I understand and agree that it is my responsibility to advise Alberta Blue Cross immediately should the dependent named cease to be eligible.</p>						TODAY'S DATE:	YYYY	MM	DD
EMPLOYEE'S SIGNATURE:						TODAY'S DATE:	YYYY	MM	DD
EMPLOYER APPROVAL:						DATE:	YYYY	MM	DD

*The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan.

ABC 30230 (R05/2006)

DISTRIBUTION: Employer's Records



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