



**INSTRUCTIONS**

1. Dependent child eligibility is confirmed annually. Please complete one form for each dependent child over the age of 21.
2. This form should be signed and dated by the insured employee and sent directly to Wawanesa Life.
3. Proof of registration is not required at this time. However, Wawanesa Life reserves the right to, at any time, request you provide documentation from the educational institution confirming full time attendance.
4. If further information is required, you will be contacted directly.

**EMPLOYER/EMPLOYEE IDENTIFICATION**

1. (a) Name of Employer (print)		(b) Group Policy Number
<input type="text"/>		<input type="text"/>
2. Name of Employee (print)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	(c) Claimant ID
<input type="text"/>		<input type="text"/>
	Given Name in full	Last Name

**DEPENDENT INFORMATION**

1. Name of Dependent Child \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Is the child residing with you? Yes  No  If No, explain: \_\_\_\_\_
3. Is the Child a full-time student at a school, college or university? Yes  No   
 Name of Educational Institution: \_\_\_\_\_  
 Location of Institution: \_\_\_\_\_  
 Term child is attending school or college:  
 September – December  January – April  Full School Year (September – April)  
 If your child will graduate at the end of the current school term/year, please advise the date of graduation: \_\_\_\_\_
4. Is the Child employed? Yes  No   
 If Yes, Full-time  No. of hours/week \_\_\_\_\_  
 Part-time  No. of hours/week \_\_\_\_\_
5. If your child is attaining or is over age 21 and is not a full time student but is dependent upon you for support and maintenance due to a mental or physical disability, he/she may continue to be insured. Please provide details of your child's condition below:

**NOTICE CONCERNING PERSONAL INFORMATION**

You have previously provided consent to Wawanesa Life for the collection, use and disclosure of your personal information for the purposes of: establishing and maintaining communications with you; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet your needs; compiling statistics and acting as required or authorized by law. That consent applied to personal information being provided to Wawanesa Life at that time and to personal information that may be provided after that time. You can obtain further information about Wawanesa Life's Personal Information Protection Policy from the Wawanesa Life Head Office at 200 – 191 Broadway, Winnipeg, MB R3C 3P1 or [www.wananesalife.com](http://www.wananesalife.com)

I hereby acknowledge that the above is complete and accurate.

\_\_\_\_\_  
Signature of Insured Member

\_\_\_\_\_  
Date