

Declaration of full-time studies for over-age dependent students (active employee benefit plans)



Employee / Dependent information

Employee name	Employee number
Student name	Student date of birth
Employee signature	Date

Confirmation of attendance

Educational institution	
First day of study in current academic year	Last day of study in current academic year

Option 1: Have the institution confirm full-time studies by completing the following section:

I confirm that the above-mentioned student is currently enrolled in full-time studies.

Name of authorized person	
Title	Telephone number
Signature	Date

OR

Option 2: Have the educational institution provide an official confirmation of full-time registration for the current academic year, including student's name, course start date, semester and full-time status.

Extended health care plan terminates at age 21. Proof of full-time studies required for coverage up to and including age 24.
Dental care plan terminates at age 22. Proof of full-time studies required for coverage up to and including age 24.

Return the form to
GREAT-WEST LIFE
GROUP ELECTRONIC ENROLLMENT 4 SOUTH
PO BOX 6000 STATION MAIN
WINNIPEG MB R3C 3A5