

DECLARATION OF DEPENDENT CHILDREN AGED 18 TO 25 OR 21 TO 25 INCLUSIVE (ACCORDING TO CONTRACT PROVISIONS) WHO ARE FULL-TIME STUDENTS

Declaration for the _____ session, starting in _____

Definition of dependent child for the purposes of the Insurance Plan:

“Dependent child” means an eligible person who is a resident of Canada and who

- is under 18 or 21 years of age (according to contract provisions) and over whom the member or the member's spouse exercises parental authority until he reached the age of majority;
- does not have a spouse, is 24 years old or under and is a full-time student at an accredited educational institution and over whom the member or the member's spouse would exercise parental authority if he were a minor.

Last Name	First Name	Date of Birth	Name of Educational Institution Attended	Full-time Student
		YY MM DD		<input type="checkbox"/> Yes <input type="checkbox"/> No From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/>
		YY MM DD		<input type="checkbox"/> Yes <input type="checkbox"/> No From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/>
		YY MM DD		<input type="checkbox"/> Yes <input type="checkbox"/> No From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/>

Member's last name and first name: _____

Policy or group or contract no.: _____

Certificate no.: _____

Name of group or policyholder or employer: _____

Member's signature

Date

Please return to: Desjardins Financial Security
 Life Assurance Company
 P.O. Box 4358, STN A
 Toronto ON M5W 3M3

This form must be returned to Desjardins Financial Security Life Assurance Company in the month preceding the beginning of each session.