Chambers Plan
Employee Benefits

JG100-CH

Application to Insure a Dependent Who is Over Age 21

The insured employee completes this form. It is to be used when the employee wants coverage for an over-age dependent. They would have coverage from their 21st birthday to their 25th birthday (26th Birthday in Québec) provided that:

- the dependent is unmarried;
- the dependent is wholly dependent upon the insured member
- the dependent is in full-time attendance, or on vacation from, an accredited school.

Employee's Name _____ Firm # _____ Certificate # _____

Dependent's Name _____ Employee's relation to the dependent _____

Dependent's Present Age _____ Dependent's date of birth (YYYY/MM/DD) _____

1. Is the over-age dependent financially dependent upon you? ❑ Yes ❑ No
2. Is the dependent working full or part time? _____ # of hours per week _____
3. Is the dependent in full-time attendance at an accredited school? ❑ Yes ❑ No

   Name of School _____

   What was the date classes started? (YYYY/MM/DD) _____

Declaration and Authorization for the Collection and Communication of Personal Information

All the information I have provided on the form is accurate and complete, to the best of my knowledge. I acknowledge that no benefits will be payable until the insurer approves this application.

I authorize Chambers of Commerce Group Insurance Plan® to collect, use, maintain and disclose personal information relevant to this application for the purposes of benefit plan administration, assessment, investigation, claim management, underwriting and for determining Plan eligibility. The non-exhaustive list of sources from which information can be collected includes medical and health professionals, facilities or providers, insurance companies, or other organizations/persons. This authorization is also valid for the collection, use and communication of personal information concerning my dependents, insofar as applicable to the administration of benefits under this plan.

I acknowledge that more specific information about collection and use of my personal information can be found in the Privacy Policy on www.chamberplan.ca or from the administrator of my benefit program.

A photocopy of this authorization is as valid as the original.

Signature of Employee _____ Date _____