



September 2020

Name

Street

City, Province, Postal Code

Confirmation of Student Eligibility

Re: Identification Number: Employee ID
 Employee Name: Employee Name

It's time to confirm student eligibility.

In order to be covered under Canada Post benefits as an over-age dependent, a child age 21 (Extended Health Care Plan) or 22 (Dental Care Plan and Vision & Hearing Care Plan) must meet the following criteria:

- Enrolled full-time at a school, university, or vocational institute that provides a recognized diploma, certificate, license or degree. Full-time is when s/he meets the attendance requirements specified by the educational institution.
- Not married or living in a common-law relationship
- Mainly dependent financially on you or your spouse.

If your dependent(s) meet all of the above criteria, please complete the certification on the back page and return it to us. If we receive your completed form, we will continue coverage until September 30, 2021, as long as your dependent(s) are still enrolled in school or until they turn 25.

Historically employees were asked to annually provide proof of full-time registration in a recognized education institution. We have simplified the process by asking you to certify your dependent's eligibility on the back of this form. There is no need for you to submit further proof unless you are selected as part of a random audit. If selected, you will be required to provide proof of registration from the educational facility.

If we do not receive a completed form back, coverage for your dependent(s) will end on September 30, 2020.

If you have any questions, please call our Canada Life Customer Service line at 1-866-716-1313.

Thank you



Declaration of Full-Time Studies For Over-Age Dependent Students

Employee Certification for Name, ID Number

I certify that the dependent(s) listed below meet all of the conditions set out on page one of this letter, and the following:

1. An unmarried natural, adopted, foster or step child including those of my covered spouse; or
2. Any other unmarried child for whom I or my covered spouse has been appointed guardian for all purposes by a court of competent jurisdiction.

All fields are mandatory

| Dependent Name | Date of Birth | School Name | 1st Day of Studies in Current Academic Year | Last Day of Studies in Current Academic Year |
|-----------------------|----------------------|--------------------|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If we do not receive a completed form back, coverage for your dependent(s) will end on September 30, 2020.

| | |
|------------------|-------------|
| | |
| Signature | Date |

Return to Canada Life using one of the following options:

Email: bas@canadalife.com

Fax: 204-946-7405

Mail: Canada Life
 Benefits Administration Solutions – D227
 Box 6000 Station Main
 Winnipeg, MB R3C 1V3