IUPAT LOCAL 177 WELFARE TRUST FUND

REQUEST FOR OVER-AGE DEPENDENT COVERAGE

Disabled Dependent Full-Time Student

Over-age dependent (OAD) drug cards will expire at the end of the current school term. A member must re-apply for a new dependent drug card if the child re-enrolls the following term. **Please see reverse side of this form for OAD rules.**

MEMBER INFORMATION

Member Last Name:	Member First Name:		Certificate:	
Address:	**Apt.**	**City:**	**Province:**	**Postal Code:**

DEPENDENT CHILD INFORMATION

Last Name:	First Name:		Date of Birth: (MM/DD/YYYY)	Gender: M/F
Address:	**Apt.**	**City:**	**Province:**	**Postal Code:**

Relationship to Plan Member: Son, Daughter etc. — (List only those over-age dependents who remain your legal dependents.)

DISABLED DEPENDENT CHILD INFORMATION

If your unmarried child is over the age of 18 and is physically or mentally incapable of self-support and became so while dependent upon you for maintenance and support and while not employed on a regular and full-time basis, they may qualify for benefit coverage until the maximum age specified by your plan. Please call the Fund Office to obtain the Insurance for Children with Disabilities application form.

FULL-TIME STUDENT INFORMATION

PROOF OF FULL-TIME STUDENT STATUS IS REQUIRED. SEE REVERSE

Children over an age as specified in your benefit booklet are eligible for coverage only if proof is provided that the dependent is enrolled at an accredited school/college/university as a full-time student. Coverage will be extended up to the earliest of **the last day enrolled in the school term, the upper limit of the dependent definition age, marriage of the dependent, or until coverage is terminated.**

Name of accredited school/college/university:	Location:	The child will be / is enrolled as a full-time student
		From: (MM/DD/YYYY) To: (MM/DD/YYYY)

MEMBER SIGNATURE

I understand that my social insurance number is required for identification purposes and for income tax purposes. I consent to the use of my social insurance number for those purposes and also consent to the disclosure of my social insurance number to third parties who require my social insurance number for the purpose of adjudicating claims and maintaining the benefit program. I also consent to the use and disclosure of other personal information about me or my spouse and dependents to third parties, such as the administrator of the plan, the insurer and any professional advisors or consultants when that personal information is needed for the purpose of adjudicating claims or in order to maintain the benefit program. I authorize the release of statistical information (excluding specific medical details) regarding submitted claims (whether submitted on my behalf or on behalf of my spouse or dependents) to my employer or to other third parties such as professional advisors or consultants. I also direct and authorize my employer to deduct from my salary or wages any required contributions which I must make personally in order to become eligible for and remain a member of the benefit program. I certify that the information provided on this form is true and accurate. I understand that if any statement made herein is incomplete or false, any coverage granted may be voided in whole or in part. I understand that I am responsible to report, in writing, within thirty-one (31) days, any changes in my dependent children's status to Ellement.

SIGNATURE OF MEMBER		DATE	

Please attach proof of schooling per Page 2 of this document.

Ellement
10154 – 108 Street NW, Edmonton, AB T5J 1L3
Toll Free: 1 (800) 770-2998
Email:painters@ellement.ca
www.paintersbenefits.ca

Phone: (780) 452-5161 Fax (780) 452-5388

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OVERAGE DEPENDENT (OAD) RULES

An overage dependent is defined as a dependent who:

a) Is attending a recognized institution as a full-time student. OAD eligibility is based on the OAD proof as follows:

I. student is enrolled from September to April - termination August 31

II. student is enrolled from September to December - termination December 31

III. student is enrolled from January to April - termination April 30

The member must provide proof that the dependent qualifies for OAD coverage. Proof such as:

IV. a copy of the paid registration from the institution, clearly indicating the current school term(s) and full-time or part-time status.

V. confirmation of registration from the institution on their letterhead, clearly indicating the current school term(s) and full-time or part-time status.

Not acceptable:

VI. copy of student timetable

VII. copy of acceptance letter from institution to student

VIII. previous year's student ID card

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