

Claims Department

Toronto
PO Box 4105, Post STN A
Toronto, Ontario M5W 2P4

Montréal
PO Box 4002, Post STN B
Montréal, Québec H3B 4M2

1 - Administrative information

Policy no. Certificate no.

Participant surname Given name(s) Initial

Sir/Madam,

Children who have reached the first age limit specified under your plan must be registered as full-time students in order to be covered. If your child was registered as a full-time student, please complete section 2 of this form and forward it to our office.

2 - Confirmation of school attendance (dependent children who have reached the first age limit)

This section is to be completed only if your dependent children are older than the age limit specified under your plan and attending a recognized school establishment, on a full time basis.

Complete name	Date of birth	Gender		Confirmation of school attendance	
		M	F	Name of educational institution and attendance period	
Surname <input type="text"/>	Y Y Y Y M M D D	<input type="checkbox"/>	<input type="checkbox"/>	Name <input type="text"/>	Telephone no. <input type="text"/>
Given name(s) <input type="text"/>				Start <input type="text"/>	End <input type="text"/>
Surname <input type="text"/>	Y Y Y Y M M D D	<input type="checkbox"/>	<input type="checkbox"/>	Name <input type="text"/>	Telephone no. <input type="text"/>
Given name(s) <input type="text"/>				Start <input type="text"/>	End <input type="text"/>
Surname <input type="text"/>	Y Y Y Y M M D D	<input type="checkbox"/>	<input type="checkbox"/>	Name <input type="text"/>	Telephone no. <input type="text"/>
Given name(s) <input type="text"/>				Start <input type="text"/>	End <input type="text"/>
Surname <input type="text"/>	Y Y Y Y M M D D	<input type="checkbox"/>	<input type="checkbox"/>	Name <input type="text"/>	Telephone no. <input type="text"/>
Given name(s) <input type="text"/>				Start <input type="text"/>	End <input type="text"/>

The Standard Life Assurance Company of Canada reserves the right to confirm student status with the educational institution.

Participant signature Date

For Standard Life use only Date received