

## Please send completed forms to: **Kechnie Benefits**

447 Frederick St - 4th Floor Kitchener ON N2H 2P4 T: 519 571-2020 | 866 710-7080 F: 519 571-2424 | 866 710-7888

## **OVER AGE DEPENDANT APPLICATION**

\*\*To ensure that our records reflect accurate information, please submit the following form at the beginning of each academic school year, If your Dependant has reached the Plan's age limit and is not attending an accredited college or university on a full-time basis, he/she is no longer eligible for insurance coverage.

	loyer:	Group No:
Emp	loyee name:	Certificate No:
Dependent's Name :		Date of Birth :
1.	Does the above named dependant attend of	college/university on a <u>full-time</u> basis?
	YesNo	
	Name and Location of College/University: _	
	Program of Study:	
	Duration of Program: From	То
	Graduation Date:	
	Student Number:	
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