



If you have children ages 21* or 22* and over, they may be eligible for coverage under your health and dental benefit plan as an “over age dependent” if they are:

- unmarried, and
- not employed on a full-time basis, and
- in full-time attendance at an accredited college, university, or other institute of higher learning, and
- under the age of 25.

* 21 or 22 is define in the applicable collective agreement, non-union policy or benefits booklet.

Once enrolled, and if your dependent continues to meet the definition of a dependent, coverage continues until the last day of the academic term, or if enrolled for a full academic year coverage continues until August 31st of the school year submitted. All coverage will end on the day before the dependent turns age 25 regardless of academic status.

Section A: Plan Member Information			
Employee ID	First Name	Last Name	
Department		Union	
Section B: Dependent Information			
First Name		Last Name	Date of Birth (D/M/Y)
Institution Name			
Semester Start Date (D/M/Y)	Semester End Date (D/M/Y)	Enrolment Status (select one)	
		Full-Time	Part-Time
Terms, Conditions and Authorization			
I understand and acknowledge that it is my responsibility to notify the City if my dependent no longer meets the definition of an eligible dependent.			
I understand and acknowledge that am responsible for any claim payments incurred by ineligible dependents if I have failed to provide notice that they are no longer eligible for coverage.			
I understand and acknowledge that the City will conduct random audits of Overage Dependent Students, and I may be required to submit proof of school enrolment.			
I hereby certify that the information provided herein is true, accurate and complete as of this date.			
This form may be executed either in original, faxed or scanned form or by applying an electronic signature and the parties agree to adopt any signatures received by a facsimile, scan or electronic means as original signatures of the Plan Member.			
I have read and agree with the Terms, Conditions and Authorization.			
Plan Member Signature: _____		Today's Date: _____	
Section D: How to Submit			
SUBMIT TO BENEFITS	HR.Benefits@hamilton.ca	Benefits, Human Resources City of Hamilton 71 Main St. W. Hamilton, ON L8P 4Y5	

Upon completion click “Submit to Benefits” and the Benefits team will process your request within 2-3 business days. Please allow up to 2 weeks for the information to be updated with Manulife.

The City of Hamilton collects information under the authority of section 227 of the Municipal Act, 2001. Any personal information collected on this form will be used by the City of Hamilton, the plan administrator and/or administrators of benefits programs working with the City of Hamilton to administer benefit coverage and determine eligibility. Questions about the collection of this personal benefits related information can be directed to the Benefits Department, Human Resources, 71 Main St. W., Hamilton, ON L8P 4Y5, HR.Benefits@hamilton.ca, 905-546-2424.