

Please print clearly in INK. Once you have completed this form and attached any additional documentation required, you must mail the original form to D&R Insurance Administration Inc., address found at the bottom of this form. If you have any questions, please call D&R Insurance at 905.819.9699 or toll free 1.800.521.0023.

Name of Policyholder / Employer	Policy #	Division N ^o .	Certificate N ^o .
---------------------------------	----------	---------------------------	------------------------------

Employee	First Name	Surname	Initial
Dependent	First Name	Surname	Initial

PLEASE COMPLETE THIS SECTION IN FULL

1. Is your dependent attending school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO , proceed to Question 4: If YES , provide the name of the school and the address:		
Full name of School	Full Address	
2. Is your dependent attending school as a:	<input type="checkbox"/> Full-Time Student	<input type="checkbox"/> Part-Time Student
3. Please indicate when his/her schooling commences and is scheduled for completion:		
Commencement Date (DD/MM/YYYY)	Completion Date (DD/MM/YYYY)	
4. a) Is your dependent currently employed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Is your dependent working:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
c) Provide information	Date of Hire (DD/MM/YYYY)	# of Hours Working Per Week
5. Is your dependent disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , please provide details:		
Please provide name and address of dependent's primary care physician:		
Primary Care Physicians Full Name:	Full Address	
	Telephone No. ()	

You MUST provide one of the following documents as Proof of attendance with this form;

- An attestation of attendance document from the institution's registrar's office;
- OR**
- A tuition receipt from the institution showing dependent is in full-time studies and that tuition is paid in full.
(This receipt should be accessible from most institutions via the student on-line services.)
- Letters of acceptance will not be accepted.**

AUTHORIZED SIGNATURE	DATE (DD/MM/YYYY)