

Dependent information

Last name, first name	Relationship (spouse/child)	Sex M/F	Date of birth MM/DD/YR	If the child is 22 or older, please indicate whether child is: A full-time student or Disabled

Please read the following and sign below:

I understand that my coverage is effective from Sept. 1, 2008 to Aug. 31, 2009.

I understand that the coverage of my spouse/dependants is contingent upon my enrolment in the Plan. If I cease to be eligible for the Plan, then my dependent coverage will be terminated. Please note there is a \$25 administration fee for enrolment reimbursements.

I have enclosed a cheque or money order, payable to "studentcare.net/works".

I understand that these benefits are underwritten by **Sun Life Assurance Company of Canada**, a member of the Sun Life Financial group of companies.

I am authorized to disclose information about my spouse and dependants for the purpose of enrolling them in the Plan.

By enrolling in this Plan, I authorize the following:

Sun Life Assurance Company of Canada, its agents and service providers to use the information on this form to underwrite, administer and pay claims.

studentcare.net/works and its agents to use the information on this form for benefits administration.

Unless I indicate otherwise, I agree that my name and address may be used by studentcare.net/works before Aug. 31, 2009 to inform me about other insurance products and services specially developed for students. I understand that I can withdraw this consent at any time.

I refuse permission

Signature _____

Date_____

Health & Dental Plan Enrolment Instructions

Procedure

To add yourself and/or your dependants to the Plan, please return the Enrolment Form with a cheque or money order **payable to "studentcare.net/works"** during the Change-of-Coverage Period to the following address:

studentcare.net/works
Member Services Centre
Dept. GNWC
1134 Ste-Catherine Street West, Suite 700
Montréal, Québec H3B 1H4

A confirmation of your successful enrolment will be sent to the email address you provided.

Spouse / family enrolment:

Enrolled students may enroll their spouse (including common-law and same-sex) and/or dependent children in the Plan.

You must be enrolled in the Plan in order to enroll your dependants.

The family/single dependent fee is in addition to your student/single fee.

Spouse The person who is your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least the last year. You can only cover one spouse at a time.

Dependent child or children Any natural child, step child, or legally adopted child of the Insured Student who is 21 years of age and under, unmarried, and also a Dependant for Income Tax purposes; or 25 years and under, unmarried, and also a Dependant for Income Tax purposes by reason of full-time attendance at an accredited institute, college or university; or a Dependant for Income Tax purposes by reason of mental or physical disability, with Canadian provincial health care.